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THE MANY WAYS TO GRIEVE

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NOT JUST A TOUGH COOKIE

TARAJI P. HENSON

FIGHTS FOR BETTER MENTAL HEALTH AWARENESS IN THE BLACK COMMUNITY

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“PEOPLE IN OUR COMMUNITY OFTEN
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At the time we are sending this issue of WebMD Magazine to print, COVID-19 is affecting the lives of patients and health care providers around the world. Our thoughts are with those who are sick or whose families are affected. We extend our heartfelt wishes for a full recovery.

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

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

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

Stay safe and well,

Kristy Hammam
Editor in Chief
kristy@webmd.com

Correction: We made an error in a headline on the cover of the March/April issue. It should have read, “How to Defuse a Panic Attack.”

Go to www.webmd.com/coronavirus for more.
Percentage of moms with kids younger than age 6 who say parenting tires them out. But only 26% of moms with teens say the same thing.

MOTHERHOOD IS A LIFE CHANGER THAT AFFECTS A WOMAN’S HEALTH IN SO MANY WAYS

Percentage by which giving birth to one child lowers a woman’s risk for multiple sclerosis (MS).

1.5 YEARS

How much longer 60-year-old mothers live compared to women the same age without kids.

Percentage by which the risk for dementia is lower in women with three children compared to those with one child.
Coronavirus Basics

SOME KEY FACTS BEHIND THE VIRUS THAT CAUSES COVID-19

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

CORONAVIRUS DISEASE 2019, OR COVID-19, IS A DISEASE CAUSED BY A CORONAVIRUS, a common virus that causes a respiratory tract infection. It can affect your upper respiratory tract (sinuses, nose, and throat) or lower respiratory tract (windpipe and lungs).

Following a December 2019 outbreak in China, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes COVID-19 quickly spread around the world.

SYMPTOMS

If you're exposed and infected, it can take 2 to 14 days after exposure, then get better. But some cases can be severe or fatal.

Early symptoms include:

• Fever
• Cough
• Shortness of breath

The virus can lead to pneumonia, respiratory failure, septic shock, and even death. A person may have mild, flu-like symptoms for a few days after exposure, then get better. But some cases can be severe or fatal.

TREATMENT

There's no specific treatment for COVID-19. People who get a mild case need care to ease their symptoms, like rest, fluids, and fever control. But some cases need treatment in the hospital.

HOW IT SPREADS

The virus mainly spreads from person to person, usually when a sick person coughs or sneezes. They can spray droplets as far as 6 feet away. If you breathe them in or swallow them, the virus can get into your body. People who've been infected can spread the virus, even if they don't have symptoms.

You can also get the virus from touching a surface or object the virus is on, then touching your mouth, nose, or possibly your eyes. If you're in an area where the virus is spreading, take these steps:

• Wash your hands often with soap and water or clean them with an alcohol-based sanitizer. This kills viruses on your hands.
• Practice social distancing. Stay home as much as possible. If you do have to go out, keep at least 6 feet away from others.
• Don't touch your face. Coronaviruses can live on surfaces for several hours. If they get on your hands and you touch your eyes, nose, or mouth, they can get into your body.

There's no need to wear a face mask unless your doctor tells you to. You will need one if you've been exposed to SARS-CoV-2 or have COVID-19, or if you're a health care worker or caring for someone who has it.

Clinical trials are underway in the U.S. and in China to test vaccines for COVID-19.

SERIOUS SIGNS TO LOOK FOR

IF YOU NOTICE THESE SEVERE SYMPTOMS IN YOURSELF OR A LOVED ONE, GET MEDICAL ATTENTION RIGHT AWAY:

• Trouble breathing or shortness of breath
• Ongoing chest pain or pressure
• New confusion
• Can't wake up
• Blush lips or face

ATTENTION RIGHT AWAY:

SEVERE SYMPTOMS IN ADULTS WHO ARE 65 YEARS OLD OR OLDER, HAVE PREEXISTING MEDICAL CONDITIONS, OR ARE IMMUNOCOMPROMISED:

• Bluish lips or face
• Can't wake up
• New weakness or muscle pain
• New confusion
• Shortness of breath

ATTENTION RIGHT AWAY:

SEVERE SYMPTOMS IN CHILDREN OR YOUNG ADULTS:

• New confusion
• Can't wake up
• New weakness or muscle pain
• Shortness of breath

ATTENTION RIGHT AWAY:

SEVERE SYMPTOMS IN INFANTS OR TODDLERS:

• New trouble breathing or shortness of breath
• New fever or high heart rate

ATTENTION RIGHT AWAY:

SEVERE SYMPTOMS IN PREGNANT WOMEN OR NEWLY BORN INFANTS:

• New fever or high heart rate

ATTENTION RIGHT AWAY:

SEVERE SYMPTOMS IN ANYONE WITH A MEDICAL CONDITION THAT MAKES THEM MORE LIKELY TO GET SERIOUS ILLNESS:

• New fever or high heart rate

ATTENTION RIGHT AWAY:

SEVERE SYMPTOMS IN ANYONE ELSE:

• Bluish lips or face
• New weakness or muscle pain
• New confusion

ATTENTION RIGHT AWAY:

SEVERE SYMPTOMS IN ANYONE WITH A MEDICAL CONDITION THAT MAKES THEM MORE LIKELY TO GET SERIOUS ILLNESS:

• Bluish lips or face
• New weakness or muscle pain
• New confusion

Coronavirus Q&A

QUESTIONS TO ASK YOUR DOCTOR ABOUT CORONAVIRUS

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

Q What should I do if I think I have coronavirus? If you believe you may have COVID-19, call your doctor’s office before you go. Alert them to the situation so they can prepare for your arrival. Do not just go to an urgent care or emergency room without calling first.

If your health care professional agrees you may have coronavirus, they will contact your state and local health departments. The CDC is supplying states with test kits. Each test result must be verified by the CDC before a diagnosis is confirmed.

Q Who gets coronavirus? Anyone can get it, and most infections are mild. But if you aren’t in an area where COVID-19 is spreading, haven’t traveled from an area where it’s spreading, and haven’t been in contact with someone who has it, your risk of infection is low.

Q Who is most likely to have serious symptoms? Older people and those with weakened immune systems or medical conditions like chronic bronchitis, emphysema, high blood pressure, heart disease, lung disease, cancer, or diabetes are most likely to get a serious illness and should take extra precautions.

Q How long does this virus live on surfaces or outside of the body? A study found that SARS-CoV-2 (the new coronavirus that causes COVID-19) may last for a few hours or several days on surfaces and several hours in the air under experimental conditions. It can last up to 4 hours on copper, up to 24 hours on cardboard, and up to 2 to 3 days on plastic and stainless steel. Using a simple disinfectant on all commonly touched surfaces is a good idea.

Q What should I do if I don’t feel well? Stay home. Even if you have mild symptoms like a headache and runny nose, stay in until you’re better. This lets doctors focus on people who are more seriously ill and protects health care workers and people you might meet along the way. You might hear this called self-quarantine.

Q When should I call you? Call the doctor if you have a fever, cough, and trouble breathing. You need to get medical help as soon as possible. Calling ahead (rather than showing up) will let the doctor direct you to the proper place, which may not be your doctor’s office. If you don’t have a regular doctor, call your local board of health. They can tell you where to go for testing and treatment.

Q What is the outlook for people with COVID-19? Every case is different. You may have mild, flu-like symptoms for a few days after exposure, then get better. But some cases can be severe or fatal.

Editors’ note:
The information on this and the previous page was accurate at press time. Find the latest updates on WebMD.com: www.webmd.com/coronavirus.
In the News

Heads Up

If you have a child, know a child, or nurse or care for a child, you need to be aware right now of a serious disease that affects children particularly severely—even ending in death. Far too many kids in the U.S. develop sepsis, and 7,000 die each year from the disease. Sometimes considered a condition that primarily strikes the elderly (which is a fact), sepsis still affects many kids who are too often misdiagnosed or not diagnosed at all. Sepsis stems from a bacterial infection; antibiotics can help knock it out but early treatment is critical. A big problem is that sepsis can be very difficult to diagnose, since many parents, doctors, and medical professionals don’t know much about it or don’t think to look for it. In “Sepsis and Children,” on page 43, we explore how some clinics and hospitals are broadening education and awareness of this deadly condition. You’ll also find a handy checklist, “Spotting Sepsis,” that can apply to a child of any age—maybe to one you know.

PLANT POWER

Too much stress at work? Put a plant on your desk. When stressed-out office workers took 3-minute breaks while gazing at a small desktop plant, their heart rates dropped significantly more than when they took breaks without any plants in sight. After workers spent 3 weeks with a plant on their desk, caring for it throughout the day as needed, they reported lower levels of stress, anxiety, and fatigue.

Live With Purpose

Having a purpose in life feels great. Literally. In a survey of 1,042 adults, those who said their life had meaning were more likely to feel well, both physically and mentally, on a daily basis than those who said they were searching for meaning.

82%

Percentage of adults who have seen or spoken to a health care provider in the last year.

Source: CDC

Spotting Teen Depression

If your teen is depressed, would you see the signs? About 40% of parents say they aren’t sure they could tell the difference between depression and the typical ups and downs of adolescence, a new study finds. Besides mood changes, including sadness and anger, depressed teens might lose interest in activities they once loved; sleep too little or too much; lose their appetite or suddenly eat more; leading to a weight gain. They may also complain of unexplained aches and pains. If you’re worried your teenager is depressed, talk to your pediatrician.

Math Smarts

About those claims that boys are better at math than girls. They don’t add up. While 104 kids, ages 3 to 10, watched an instructional math video, researchers looked at their brains on MRI. What they found was that the boys’ and girls’ brains operated in the exact same way as they absorbed the math lesson. On a standardized math test for kids ages 3 to 8, the boys and girls got similar scores.
NUMEROUS STUDIES HAVE WARNED ABOUT THE DANGERS FROM TOO MUCH SITTING—including obesity, high blood pressure, heart disease, and premature death. Health experts say more movement is key to good health, but how do you increase your steps when you’re stuck at a desk all day? Simply relocating meetings from the conference room to a walking path can increase physical activity by 10 minutes each week, according to a pilot study of office workers at the University of Miami. Ten minutes might not sound like much, but when you consider that walking just 15 minutes a day could add 3 years to your life, any added exercise is a boost to longevity.

—STEPHANIE WATSON

Walking Meetings
TAKE WORK OUTSIDE TO IMPROVE YOUR HEALTH
THE NUMBER OF MEN WHO TAKE TESTOSTERONE HAS DROPPED DRAMATICALLY in the past few years, in part because of growing awareness of the risks that may accompany it. Should you avoid it?

Testosterone, a hormone, helps men maintain muscle, bone health, libido, and the ability to perform in the bedroom. But beginning in their mid-30s, men lose an average of just under 2% per year. Eventually, that drop could lead to hypogonadism, or low testosterone. This happens to one in five men in their 60s, and the likelihood rises as men get older.

Testosterone replacement treatment (TRT) aims to boost those low levels back up.

But TRT has had its ups and downs in the past 2 decades. From 2001 to 2013, prescriptions rose by 300% following marketing efforts that proclaimed it could restore energy, alertness, mental focus, and sexual function. Then, over the next 3 years, the number of men taking it dropped by half as studies revealed potential risks, particularly to heart health.

“I do see some men who are a more hesitant to take testosterone supplementation,” says Michael Eisenberg, MD, director of the Stanford Male Reproductive Medicine and Surgery Program at Stanford Health Care in Palo Alto, CA. “We talk about the risks, as that’s what we’ve gotten more information on in recent years.”

In 2014, the FDA ordered that a warning label must accompany TRT prescriptions, alerting men to the possibility that TRT increases the chances of heart attack and stroke. More recently, a study linked TRT to higher chances of venous thromboembolism, a potentially fatal type of blood clot.

And there are other concerns. Does TRT improve symptoms linked to low testosterone? In January of this year, the American College of Physicians released new practice guidelines that outlined the limited benefits men are likely to get from TRT. The doctors’ group found that TRT offered slight improvements to sexual and erectile function; they found no other benefits.

Eisenberg says that studies of TRT’s benefits and risks have had mixed results and provide limited answers. Does it improve fatigue, for example? It’s unclear. “We counsel men that it’s not clear whether TRT will help,” Eisenberg says.

However, Eisenberg stresses that men with very low testosterone have a higher chance of developing heart disease, osteoporosis, and other problems if they go untreated.

“There are health implications for very low levels,” he says. “It’s very important to have an open discussion about the benefits and the risks of HRT.”

0 Could something other than low testosterone explain my symptoms? Yes. Low libido and erectile dysfunction, for example, have many contributing factors to rule out, including heart disease and psychological issues.

0 If I do start TRT, how long until I know it’s helping? Your doctor should confirm within six months or so whether TRT has improved your symptoms. If it hasn’t, discuss ending treatment.

0 Will TRT affect my ability to father children? Yes. TRT decreases sperm production. Stop therapy, and fertility likely will return. In a small number of men, infertility is permanent.

0 Can I do anything to elevate my testosterone naturally? If you are overweight or obese, weight loss and, perhaps especially, exercise may help boost your levels without medication.
MEMORY SLIP-UPS CAN BE A NORMAL PART OF GETTING OLDER. They can also be side effects of medications, a temporary consequence of menopause, or early signs of dementia.

So, how can doctors tell what’s normal? New research suggests it depends on your sex.

“Women have a verbal memory advantage over men that may allow them to compensate for Alzheimer’s-related brain changes for longer than men,” says Erin Sundermann, PhD, a researcher at University of California-San Diego and author of the new study.

Cognitive tests, which include remembering as many words as possible from a list, help doctors determine whether changes in a person’s memory are cause for concern. If you score below a certain threshold, you might have mild cognitive impairment, or MCI. That’s a decline in thinking skills beyond just normal aging. MCI can, but not always, progress to dementia.

The problem with the memory tests is that cut-off scores for MCI don’t reflect that women tend to have stronger verbal memory than men.

In a study of 985 older adults, based on standard scoring, a quarter of the women and nearly half the men had MCI. But, based on sex-specific averages, just more than a third of both women and men had MCI.

To figure out which scoring method gave the correct diagnosis, the researchers looked for plaque deposits in the brain that signal the presence of Alzheimer’s. Women who had MCI based on sex-specific scores, but not based on standard scoring, had Alzheimer’s-related plaques in their brains. Men who were normal by sex-specific standards had no plaques in their brains.

“With current scoring methods, we are diagnosing men at the right time, but we are diagnosing women later when the disease is more advanced,” Sundermann says.

Researchers have to repeat this experiment in larger, more diverse groups before doctors change their scoring methods. Until then, Sundermann says, “Women should make their concerns about memory clear to their doctors since these changes might not show up on tests.”
Work Out With Your Dog

FOLLOW SOME DOS AND DON'TS FOR SAFETY AND MAXIMUM FUN

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

NOT ONLY DOES YOUR DOG HAVE THE ENERGY AND ATTITUDE OF A PERFECT WORKOUT COMPANION, he also needs activity. Regular exercise is good for dogs’ joints, digestion, and weight, and keeps health and behavioral problems at bay.

But how do you get a decent workout while keeping it safe? We asked a veterinarian and a physical therapist to weigh in.

**DO:** Make it interesting.
Walking and running are the obvious choice. They’re an excellent cardio workout and many dogs love brisk walks or long runs. But you have other options.

“Hiking is an easy activity that most dogs can do,” says Sara Ochoa, DVM, a veterinarian in Whitehouse, Texas. Big, active dogs often enjoy long hikes. But keep it short if your pup is old or small.

Yoga is great for small or older dogs because it’s gentle on their joints. “Be aware of where your dog is, and don’t be afraid to move yourself or your pooch to avoid awkward positions,” says Jasmine Marcus, PT, a physical therapist in Ithaca, NY.

**DON'T:** Ignore signs of fatigue.
What feels like an easy workout to you may be too much for your pup. “Monitor your dog for limping or excessive panting,” Ochoa says. “He’ll let you know if it’s too much or if he’s hurt.”

If your dog limps, whines, has trouble standing, or doesn’t want to move, pull the plug. Watch for signs of fatigue or heat stroke: panting, open-mouth breathing, vomiting, diarrhea, and lethargy.

**Hitting the streets?** Feel the pavement. Avoid it if it’s hot to the touch.

**DO:** Be smart with a leash.
Your dog should only accompany you if he’s good on a leash. “Make sure he’s well trained and won’t pull you off the path,” Marcus says.

“Don’t use a retractable leash,” Ochoa adds. “They can break and your dog will run free. It’s also hard to keep your dog at a good length.”

Venturing out at night? Use a reflective or lighted leash so people and drivers in cars see you.

**DON'T:** Skimp on water.
Always carry water, even in cooler weather. Doggie gear like collapsible bowls and wearable water packs make it easy. Carry a small water bottle for each of you. Stash larger bottles in your car for post-workout hydration.

**DO:** Prepare to stop.
“Dogs don’t always understand you’re trying to get a long run or walk in, and will often stop to pee and sniff things,” Marcus says. Be prepared and pay attention, or you may suddenly get pulled or tripped.

“If your dog stops a lot, try alternating between fast and slow runs between stops so you get in a harder workout,” she says.

4 TIPS

**SMALL, YOUNG, AND OLDER PUPS MAY NEED SPECIAL ATTENTION.**

SARA OCHOA, DVM, A VETERINARIAN IN TEXAS, SHARES A FEW POINTERS.

1. **LIMIT YOUR MILEAGE.**
   If your dog is small, limit your distance. For every step you take, he has to take many steps, making him feel tired faster.

2. **THINK TORTOISE, NOT HARE.**
   Older dogs often do best with slower walks. If you notice him getting more comfortable and short it from regular exercise, you can slowly bump up the pace.

3. **WATCH FOR TROUBLE.**
   Be mindful. If your older dog ever has trouble after a run or walk, decrease the amount for next time—and maybe even skip a few days.

4. **PREPARE YOUR PUPPY.**
   A puppy may be eager to go for a run, but he may need time to build up to long distances. If he seems unwilling to keep going, call it quits.
MIND MATTERS

Hoarding Help

WHEN DOES A MESSY HOUSE CROSS THE LINE INTO A MENTAL HEALTH CRISIS? A HOARDING EXPERT IDENTIFIES THE TELL-TALE SIGNS—AND EXPLAINS HOW TO SAFELY INTERVENE.

BY Lauren Paige Kennedy

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

MAYBE YOUR AUNT’S HOME IS SO OVERRUN with magazines, canned goods, and random clothing, there’s no place to sit down. Or, the elderly neighbor’s every window is blocked by stacks of cardboard boxes filled with newspapers, making you fear not only for his safety but your own should a fire ever break out.

When does a messy house become a sign of mental illness? And, at what point should you stage an intervention?

According to Elaine Birchall, MSW, RSW, author of Conquer the Clutter: Strategies to Identify, Manage, and Overcome Hoarding, three criteria must be present to be defined as hoarding disorder (HD):

• Excessive accumulation and failure to discard proportionately things
• Impaired daily living because household spaces and appliances (stoves, staircases, bathtubs, etc.) cannot be used for normal activities due to clutter
• Distress, difficulty, and even danger while trying to function in and around these spaces

Notably, the person who hoards shares a similar level of risk with anyone who lives in close proximity to him or her, Birchall says. A fire risk, after all, doesn’t disappear at the property line—your house or apartment is in danger, too.

In addition, “Even if a person who hoards insists the way they live is just fine,” if a neighbor, fire department, other residents of a multiunit dwelling, or mortgage company would become alarmed if they understood the true condition of the property, the hoarder has a problem—and needs help.

According to the International OCD Foundation, about 75% of people with hoarding disorder at the same time have a mental health condition, with 20% living with obsessive-compulsive disorder.

Birchall adds, “When people live through extreme deprivation, some go on to hoard adaptively as a reaction to their stressful experiences. This can be a healthy form of procuring an extra supply—if they use whatever they accumulate by a normal expiry date. But maladaptive hoarding, or compulsive hoarding, is the same behavior with a state of denial. They procure more and more with the belief they’re somehow protected against a downturn, unemployment, or price going up. It’s to create an emotional safety zone.”

Yet hoarding is the opposite of a safe behavior, Birchall warns. In addition to increased risk from injury and the concern of fire, she says hoarding attracts vermin, whose droppings can cause respiratory illness.

Know someone with hoarding disorder who needs help? Call for a professional assessment by a hoarding specialist, Birchall advises. Assessments explore the personal history, home environment, plus the emotional and physical safety of a hoarder to create a plan, often involving cognitive behavioral therapy. The International OCD Foundation website can help you locate therapists, clinics, treatment programs, and more in your area.

BY THE NUMBERS

AT LEAST 154 million WORLDWIDE

Health experts estimate that 2% to 6% of the world’s population has a hoarding disorder.

84%

Percentage of people with both OCD and HD who have a first-degree relative (parent, child, or sibling) who also hoards.

3X MORE

HD occurs three times more often in older adults (ages 55 to 64) compared to younger adults (ages 35 to 44 years).

154 million WORLDWIDE AT LEAST

This is how many people are estimated to have hoarding disorder worldwide.

11 to 15

These are the years when hoarding symptoms often first appear. If left untreated, HD can increase in severity with each passing decade.

FROM THE EARTH TO THE MOON

HAVE YOU HEARD THE NEWEST BEAUTY BUZZWORD? IT’S SPIRULINA. AND IT’S POPPING UP IN PRODUCTS FROM SERUMS TO CREAMS.

SKIN CARE

From the Earth to the Moon

HAVE YOU HEARD THE NEWEST BEAUTY BUZZWORD? IT’S SPIRULINA. AND IT’S POPPING UP IN PRODUCTS FROM SERUMS TO CREAMS.

IF YOU’VE WALKED BY A COSMETICS COUNTER RECENTLY, you may have noticed a surge in products with spirulina. The trendy ingredient is a type of blue-green algae that jumped onto the radar when NASA chose it as a dietary supplement for astronauts on space missions. Why all the hype? “It has anti-inflammatory properties and may also have anti-cancer, antiviral, and anti-allergic effects,” says Hadley King, MD, a dermatologist in New York City. But the key words, she says, are “may have.” While some small studies, like one published in Clinical Pharmacology & Biopharmaceutics in 2015, suggest cosmetics with spirulina may help with water retention and repair, research is still limited. —KARA MAYER ROBINSON

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EASE UP
If you’re using a chemical exfoliator, apply it gently. Apply it with a soft washcloth instead of something abrasive.

BRUSH UP
If you’re using an exfoliation brush, start with a soft bristle or silicone brush, which is gentle on your skin.

REASON WHY
You can exfoliate most areas, but the rules vary. Be gentle with sensitive areas like your face, avoiding harsh chemicals and aggressive physical scrubs. For thicker skin on your elbows, knees, and feet, you can try more frequent exfoliation, scrubs, and brushes.

DERM Q&A
WHAT’S THE BEST WAY TO SLOUGH OFF DEAD SKIN TO REVEAL FRESH, GLOWING SKIN? WE ASK A DERMATOLOGIST TO TALK ABOUT DIY EXFOLIATION.

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

THE AVERAGE LIFE CYCLE OF A SKIN CELL IS 28 DAYS. Toward the end, dead cells move to the outer layer of your skin, making it dull and flaky. You can speed up the process and help your skin shed dead cells with exfoliation. We asked Rawn Bosley, MD, medical director of Prism Dermatology in Southlake, Texas, for best practices.

Q Should I exfoliate my whole body or just certain areas?
BOSLEY “You can exfoliate most areas, but the rules vary. Be gentle with sensitive areas like your face, avoiding harsh chemicals and aggressive physical scrubs. For thicker skin on your elbows, knees, and feet, you can try more frequent exfoliation, scrubs, and brushes.”

Q How often should I do it?
BOSLEY “A common mistake is too much, too soon. I recommend easing into exfoliation by starting one to two times a week, then working your way up to daily use. I also recommend starting with a gentle method before trying more abrasive methods. The key is to listen to your skin. You may be OK with daily exfoliation, but if you have sensitive skin, weekly may be better. The method you choose also makes a difference. Manual or physical exfoliation may cause mild sensitivity, which limits how often you can do it.”

Q What’s the difference between manual and chemical exfoliation?
BOSLEY “Manual exfoliation, which uses tools like scrubs, brushes, and sponges, works well because it directly loosens and removes dead skin. But if you do it too often or too harshly, you may harm your skin. Chemical exfoliation is versatile, can be used on many areas of your body, and comes in different strengths. But chemicals that are too strong may cause skin irritation and sensitivity.”

Q Which products do you recommend?
BOSLEY “Try mixing natural exfoliates like sugar and oats with natural oils or water to create a manual exfoliating scrub. For chemical exfoliation, try cleansers or lotions with gentle solutions of hydroxy acids like salicylic acid, glycolic acid, and lactic acid.”

Q Can I go to a dermatologist for exfoliation?
BOSLEY “A dermatologist may recommend specific solutions for you. A dermatologist can also help rejuvenate your skin with in-office procedures like chemical peels, microdermabrasion, and dermaplaning.”

Q When is it best not to exfoliate?
BOSLEY “Don’t exfoliate compromised or damaged skin. If your skin is dry, it may cause more harm than good. If you have sensitive skin, avoid abrasive exfoliation. Be careful with retinoids, which increase the rate of skin cell turnover. Exfoliating too often while using a retinoid can irritate your skin.”

FOR SAFE, EFFECTIVE EXFOLIATION, TRY THESE TIPS FROM DERMATOLOGIST RAWN BOSLEY, MD.

Search for the article Taking Care of Your Skin at WebMD.com.
Sunscreen Safety

OUR EXPERTS WEIGH IN ON HEALTH CONCERNS AND WHICH SUNBLOCK IS THE SAFEST FOR YOUR SKIN

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

STAYING SAFE FROM THE SUN CAN SEEM LIKE AN INSURMOUNTABLE TASK. After all, sunlight is practically unavoidable, ultraviolet (UV) rays are invisible, and the damage often doesn’t show up until years later. That might explain why skin cancer remains the most common kind of cancer despite the availability of effective sun protection strategies like sunscreen. Rates of melanoma, the deadliest form of skin cancer, continue to rise. And cases of non-melanoma skin cancer have risen 77% in the last 20 years.

“Multiple scientific studies have unequivocally demonstrated that sun exposure is the leading cause of skin cancer,” says Susan Taylor, MD, an associate professor of dermatology at the Perelman School of Medicine in Philadelphia. And even though the use of sunscreen is critically important in preventing skin cancer, Taylor says, people do not use it as recommended and continue to spend more time in the sun. Complicating matters are recent concerns about the safety of certain sunscreen ingredients, and those concerns are putting many formulas under scrutiny. Last year, the FDA removed 14 of the 16 sunscreen ingredients from its GRASE (generally recognized as safe and effective) category. Those ingredients would require updated evaluation about their safety to pass regulatory requirements. Specifically, the FDA is looking for more information on how much sunscreen your skin absorbs and what impact that can have on your body. But does that mean that the ingredients in sunscreen are suddenly not safe? “I frame my answer by emphasizing that sunscreens have been used safely for many years without reported harmful effects,” Taylor explains. “Given that, we acknowledge that science is evolving and we need to learn as much as possible about the safety of sunscreen. Removal of the 14 ingredients will force the execution of specific safety studies for those ingredients.”

When it comes to sunscreen ingredients, you have two basic categories: chemical and physical. Chemical sunscreens absorb UV energy so it can’t damage skin cells. Physical sunscreens reflect the rays so they can’t penetrate the skin. The FDA has requested additional data for 12 ingredients, among them the two popular chemical filters: avobenzone and oxybenzone. The physical blocks titanium dioxide and zinc oxide have enough research to be considered safe and remain in the FDA’s GRASE status. And while the FDA review process continues, you’ll still be able to buy over-the-counter sunscreens currently available.

In the meantime, for anyone concerned about the ingredients being evaluated, specifically avobenzone and oxybenzone, switching to physical (or mineral) sunscreens containing titanium dioxide or zinc oxide is a safer option, says David Leffell, MD, a professor of dermatology and surgery at the Yale School of Medicine. What is not an option, Leffell says, is going out in the sun unprotected. “The risk of getting skin cancer is a known risk. And this other concern right now is hypothetical.”

DIRTY SECRET
“1 only use makeup removing wipes to clean my face. Is that enough?”

LIMIT THE CLOTHS
“Makeup removing cloths are convenient—especially when you’re traveling or tired—and using one is much better than sleeping with makeup on. But the convenience can take a toll if you make it an integral part of your regular cleansing routine.”

ADD A RINSE CYCLE
“Many of these cloths contain surfactants, or cleansing agents, that can irritate the skin, damage the barrier, and dry out your skin. Since you don’t rinse your skin after using them, these ingredients stay on your skin overnight. Leaving the cleansing ingredients on your skin for hours, you’re setting yourself up for allergies, sensitivity, and irritation, and even increasing your risk of developing chronic inflammation over time.”

MAKE A SPLASH
“While wipes get some of the makeup and dirt off your face, they are generally not as effective as washing the makeup and debris off your face using a soothing cleanser and water. In an ideal scenario, I recommend that my patients use gentle, pH balanced cleansing products and only use cleansing wipes when they don’t have access to running water.”

—Whitney Bowe, MD, dermatologist, New York City, author of ‘Dirty Looks’
Plus, the use of physical sunscreen can have other perks. “I am a big proponent of mineral-based sunscreen, or physical blockers,” says Seemal Desai, MD, a clinical assistant professor of dermatology at the University of Texas Southwestern Medical Center in Dallas.

Physical sunscreens are helpful in making sure those who have pigmentation disorders like melasma don’t develop allergic contact dermatitis or otherwise risk inflammation that could worsen their condition, Desai explains. “Chemical blocks are good. However, in some patients they can cause irritation, which you don’t see with physical blockers,” he says.

“There has been a lot of inaccurate and sensational reporting on the risk upon exposure to chemical ingredients in sunscreens,” says Maritza Perez, MD, a professor of dermatology at the University of Connecticut Medical School and senior vice president of the Skin Cancer Foundation. “These organic ingredients have been used for more than 2 decades and had been proven to be safe,” she explains.

“The risk for skin cancer caused by ultraviolet rays is well established; the risk of toxicity by organic sunscreens has not been established.”

The reality is that you can’t escape the sun and, according to Leffell, the daily exposure adds up, damaging the DNA of the skin and setting the stage for skin cancer, melanoma, and premature aging. That said, Leffell doesn’t advocate a life in the shadows. “You’re never going to, nor should you ever try to get zero sun exposure,” he says. “You have to be outdoors and exercise and enjoy life. So sunscreen is important because it provides one level of protection on sun-exposed areas and it can be extremely effective in reducing the mutations that are caused by the sun and lead to skin cancer.” You can also shield yourself with protective clothing, hats, sunglasses, and by seeking shade during hours of peak sunlight.

And just because you don’t burn, you’re not exempt from needing extra sun protection. “You don’t have to have a sunburn to get a skin cancer,” Desai warns. “UVA rays are skin cancer causing and they don’t typically cause burns.” He also explains that sunburn and cancer aren’t the only risks from UV rays. “You’re getting wrinkling and photodamage if you’re not protecting your skin,” he says.

“I tell my patients to think of sunscreen like your daily vitamin. It is something that should be part of your daily skin-care regimen,” Desai says. “Wearing sunscreen is something they need to be doing as a complete lifestyle.”

Search for the quiz The Burning Facts About Sunscreen at WebMD.com.

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.
ACCORDING TO NEW RESEARCH PUBLISHED IN JAMA PEDIATRICS, parents and their toddlers engaged more with one another when reading from old-fashioned, paper books than they did with electronic devices. When using digital tablets, the children pushed away their parents’ hands, squirmed and pivoted their bodies, and closed the tablet with greater frequency. So, consider swapping blue light screens for a tactile, page-turning, printed reading experience before bedtime tonight. —LAUREN PAIGE KENNEDY
Anticipation Is a Big Part of Pregnancy.

Pregnancy is a time of anticipation and change, and it’s important to keep your doctor informed about how you’re feeling.

An ultrasound offers an early peek inside the womb, and a chance to learn a bit more about your baby’s expected due date and well-being.

A first trimester ultrasound is usually done 7 to 8 weeks from the first day of your last menstrual period, says Dr. Rebecca Jackson, MD, assistant professor of obstetrics and gynecology at the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia, PA. “The main thing to confirm pregnancy dating to make sure we have an accurate due date, to make sure that we’re able to see the baby’s heartbeat, and to see if there’s one, or more than one, fetus.”

Your doctor can also use this test to screen for genetic problems, as well as to find any issues with your uterus or cervix. If you’re anxious to learn about your baby’s development, an ultrasound can help you get a sense of its size and shape.

The typical ultrasound creates a two-dimensional cross-sectional image of your baby. Some facilities advertise 3D and even 4D ultrasounds, which produce a more photorealistic image of your baby. These high-tech scans aren’t necessary, but they may be preferable if you suspect your baby

BY THE NUMBERS

1958

The year doctors performed the first ultrasound.

Number of ultrasounds, on average, women in the United States get during the course of their pregnancies.

120 to 160

Beats per minute

A normal fetal heart rate.

75%

How accurate ultrasound is in determining the baby’s sex in the first trimester.

100%

How accurate ultrasound is in determining the baby’s sex in the second trimester.

A normal fetal heart rate, measured in beats per minute, is about 120 to 160. Ultrasound scanners use high-frequency sound waves to create an image of the baby in your womb. This image is focused and magnified until it’s about the size of a postage stamp.

Ultrasound scans are also used to check your baby’s growth. The doctor will measure the baby’s abdomen, head, and body length to estimate how much weight your baby is gaining. This can help you and your doctor decide if your baby is growing normally.

Ultrasound scans can also help your doctor identify any potential problems with your baby. For example, an ultrasound may reveal a baby with a small head or a baby that is small for its gestational age. These findings may prompt further testing to determine the cause of the problem.

Ultrasound scans are generally safe for both you and your baby. The sound waves used to create the image do not pose a risk to you or your baby’s health. However, you should talk to your doctor before having an ultrasound scan if you have any concerns about its safety.

Ultrasound scans are performed by trained professionals who are licensed to perform these procedures. These professionals are trained to interpret the images they create and to identify any potential problems with your baby.

Ultrasound scans are usually performed in a private room with a quiet environment to help you relax. You will be given a gown to wear during the scan.

The technician will put on a protective mask and gloves before entering the room.

The technician will instruct you to lie on your back on a table and place your feet up in stirrups, just like you would for a pelvic exam. The technician will then cover the transducer with a sterile gel and move it across your belly. The transducer releases sound waves, which bounce off the fetus’s bones, fluids, and tissues to create an image of the baby in your womb.

Ultrasound scans are usually painless, but some women may feel a slight pressure or discomfort as the transducer is moved over their belly. However, you should talk to your doctor if you have any concerns about the pain or discomfort associated with the ultrasound.

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The Nature Prescription

Mounting research shows exposure to green outdoor spaces can boost children’s health, decrease stress, and improve their capacity to learn. Now some doctors even prescribe it.

By Lisa Marshall

Reviewed by Roy Benaroch, MD, WebMD Medical Reviewer

WHEN PEDIATRICIAN ROBERT ZARR SITS DOWN WITH A PATIENT IN HIS BUSY WASHINGTON, DC, CLINIC, he often includes a surprising question amid the routine inquiries about eating habits and exercise: “What do you like to do outdoors, and is there a place you feel safe and comfortable doing it?” When that patient walks out the door, along with any needed medications, he or she often carries with them another kind of prescription: a precise, custom-made plan for spending time in nature.

“I use nature as my intervention and ask them to respond in a way that I know they are taking it seriously,” says Zarr, who includes a “dose” (a 20-minute walk in the park; a cellphone free half-hour under a backyard tree) and a frequency (two to three times per week) in every script. He also texts it to the patient or parent and asks them to confirm that I know they are taking it seriously,” says Zarr, who includes a “dose” (a 20-minute walk in the park; a cellphone free half-hour under a backyard tree) and a frequency (two to three times per week) in every script. He also texts it to the patient or parent and asks them to confirm

“As a result, my patients are moving more, losing weight, and feeling less depressed and anxious,” he says.

Zarr is among a growing number of clinicians and educators turning to Mother Nature for help in addressing widespread obesity, chronic illness, depression, and behavioral problems among youth. Fifteen years ago, bestselling author Richard Louv coined the phrase “nature deficit disorder” to describe a group of childhood health problems suspected to result—at least in part—from detachment from the outdoors. The then-controversial idea is now gaining scientific traction.

More than 40 studies have shown a connection between exposure to green spaces and better health, including healthier weight, lower stress levels, better vision, and a stronger immune system. In August, the journal Frontiers in Psychology published a 138-page e-book documenting dozens of studies linking green-space exposure to better learning and cognitive development among children.

“We have reached a tipping point with the research,” says co-editor Ming Kuo, director of the Landscape and Human Health Lab at the University of Illinois. “As a mom who knows the scientific evidence, I feel ethnically bound to let other parents know nature really is important for kids.”

The science behind nature-based learning

Precisely how the outdoor world fuels better learning remains uncertain, but one prevailing theory suggests it gives the brain a break from the drudgery and fatigue of indoor work.

“The best antidote to too much close work or computer work is to pay a different kind of attention, and the best way to do that is to go outside,” says Louv, author of Last Child in the Woods and co-founder of the nonprofit Children and Nature Network.

One recent study looked at Chicago third-graders over 10 weeks and found that when they had a lesson outside and came back into the classroom they paid more attention and required less discipline. Others have found similar results in kids with emotional, cognitive, or behavioral disabilities like ADHD.

Another study, of 94 high school students, found that those who simply had views of outdoor greenery performed better on tests of concentration. Other research has shown that children who grow up with better access to outdoor green spaces do better on standardized tests. And one recent brain imaging study of 253 schoolchildren found they also have larger brain regions associated with working memory and attentiveness.

“If you unplug and you get out in nature, it forces you to engage different senses—the sounds of water, the smell, the visual inputs—and that engages different parts of your brain,” Zarr says.

How nature makes you healthier

Then, there are the stress-reducing effects. Students with regular exposure to nature—whether that’s a weekly field trip to a forest or plants in the classroom—show decreases in heart rate, healthier levels of the stress hormone cortisol, and less self-reported anxiety.

They also tend to move more, Zarr says, which can prevent weight gain. One eight-year study of 3,000 children living in southern California found that those who lived closer to parks had lower Body Mass Indexes (BMI). The BMI takes into account a child’s height, weight, age, and sex to help categorize them as normal weight, underweight, overweight, or obese.

Research has also shown that children who spend more time outdoors are less likely to develop myopia (near sightedness), an increasing problem in the digital age. And they’re exposed to more friendly bacteria, which may play a role in boosting immune function long term.

In the end, they also tend to live longer, several large recent studies have shown.

Finding nature where you are

So what exactly does it mean to spend time in nature?

“When we say nature, most people think hiking in Yosemite, but that is not actually what we mean,” stresses Kuo, noting that simply opening the blinds onto a green area, walking to school in the morning, or visiting an urban park can have an impact. “Every little bit of access you can give your kids helps.”

Zarr’s organization, Park Rx America, now boasts more than 700 member practitioners nationwide, who use his online platform and app to develop nature prescriptions and help patients find safe nearby green spaces where they can carry them out.

Meanwhile, the number of nature-based preschools in the United States has increased by about 500% in recent years, Louv notes, and “family nature clubs,” which allow city-dwellers to get together for field-trips are blossoming.

“Natural life is everywhere, even in the most densely populated urban neighborhoods,” Louv says. “It can be in the cracks between the sidewalk or the birds and animals in the city park. We just need to make an effort to pay attention to it.”

5 Tips

1. Schedule 20 minutes, three to five times per week to sit or move outdoors.

2. Ask your doctor about offering a nature prescription to your child.

3. Look for schools that incorporate outside time into their lessons and place desks with views of green spaces if possible.

4. Join or start a Family Nature Club in your area.

5. Skip the gym or recreation center and, when possible, exercise outdoors. Some studies show it confers additional benefits, especially for mental health.

Numerical findings

4-7 MINUTES

Average amount of time per day that children spend doing unstructured outdoor play. But they spend 15 hours in front of electronic screens.

56% Percentage of adults who spend 5 hours or less outside each week.

1 in 5 Number of kids who play outside once a week or less.

35% Percentage of time American children spend playing outside compared to their parents did when they were kids.

The then-controversial idea is now gaining scientific traction.

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Don’t You Dare!

VIRAL THREAT OR PARENTAL HYSTERIA? HERE’S WHAT YOU NEED TO KNOW ABOUT INTERNET CHALLENGES—AND WHY EVEN THE SMARTEST KIDS ARE SUSCEPTIBLE TO THEM.

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

OVER THE PAST FEW YEARS, INTERNET CHALLENGES THAT COAX TWEENS and teens to do things like glue their lips together, eat laundry detergent pods, and even douse themselves with rubbing alcohol and set themselves ablaze have garnered national attention. And in the process, they have frightened their often less tech-savvy parents, who may be one step behind when it comes to their digital usage.

How big of a threat are such pranks? Can parents police them? And, in their efforts to spread the word to warn other parents, are adults inadvertently helping dangerous online challenges to go viral?

According to Adam Pletter, PsyD, a child psychologist based in Bethesda, MD, who specializes in addressing today’s digital issues through online workshops called iparent101, these kinds of teenage dares appear on apps and platforms with heavy kid traffic, such as Snapchat, TikTok, WhatsApp, and YouTube—basically, anywhere teens gather for messaging or social media.

“I compare them to chain letters of yore,” he says. “They involve some type of scary or exciting set of tasks a kid is instructed to do.”

Much like after receiving a chain letter, “a teen might ask himself, ‘Is this something I want to do? What happens if I don’t?’ Magical thinking comes into play. It creates a level of anxiety that even the strongest of teens has a hard time brushing off. They think, ‘If I don’t do this, something bad will happen.’ Teens are more susceptible, reactive, and emotional. And it’s all by design,” he says.

That’s because brain development in teens is still very much a work in progress.

“A teen’s frontal cortex—the thinking and executive function part of the brain that’s responsible for prioritizing and critical thinking—is underdeveloped until age 25 or so. There’s a lack of judgment,” Pletter explains. “However, the emotional part of the brain—the amygdala—is overactive by design, because teens need to go out and seek information. It’s part of evolutionary purpose for survival. They’re learning about themselves and the world so they can be safe and successful in it.”

Throw in an unending supply of information at their fingertips, plus the chase for “likes” and old-fashioned peer pressure, and you have a recipe for lack of impulse control, even among the smartest, most responsible kids.

“If you ask a kid on his or her own if they would ever do these types of internet dares, with very few exceptions, most would, without question, say, ‘No. Never,’” Pletter adds. “Don’t assume they won’t. Force a dialogue now—before they’re tempted to put themselves in harm’s way.”

4 TIPS

CHILD PSYCHOLOGIST ADAM PLETTER, PsyD, ADVISES PARENTS TO ADDRESS THE THREAT OF INTERNET CHALLENGES WITH CONTINUAL, PREEMPTIVE CONVERSATIONS WITH KIDS—AND WITH SPECIAL PHONE SETTINGS.

1. KEEP TALKING

“Create a contract detailing their internet usage, then have ongoing discussions as time goes on,” Pletter says. This means outlining the acceptable amount of screen time and app and digital platform usage, and explaining why internet challenges must always be discussed with parents before a child is allowed to act.

2. KNOW GOOD VS. BAD CHALLENGES

Remember the “Ice Bucket Challenge” that launched in 2014? Pletter reminds parents that not all internet dares are out to endanger your kids. “What you want is dialogue with your child. Tell them you expect them to talk to you about what they’re being exposed to online.”

3. SET UP FAMILY SHARING

“If you’re an Apple family, set up family sharing through Settings, so you know every app that’s downloaded onto a child’s phone, plus a kid’s privacy settings. Be open about it. It teaches your child how to regulate.”

4. DON’T PANIC

Pletter wants parents to keep internet challenges in perspective; kids getting hurt is uncommon. He also advises against posting warnings to other parents. “Sometimes just talking about them actually amplifies them,” he says, helping them to go viral.
Declining Dinner

WHEN YOUR PET STOPS EATING, UNDERLYING MEDICAL ISSUES COULD BE TO BLAME

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

WHEN A DOG THAT NORMALLY COMES running at the sound of kibble hitting the bowl loses interest in eating, pay attention.

Appetite loss is common in dogs and cats, according to Heidi Cooley, DVM, a veterinarian at Banfield Pet Hospital in Vancouver, WA. Some dogs lose interest in their regular kibble, have an upset stomach after eating a midnight snack from the trash, or skip meals during stressful times like moving. Their appetites often return if you switch their food or give their stomachs time to settle.

Cooley suggests paying attention to your pet’s normal eating habits so you can recognize changes.

“Signs of appetite loss can look different for each pet,” she says. “Some pets prefer to eat once a day and can go longer periods of time between meals, while others eat multiple times a day and a 12-hour period without food could impact their health.”

Make an appointment with your vet if your dog goes longer than a day or two without eating and refuses his favorite treats or tempting items like hot dogs.

“Your veterinarian can help you determine if there are any underlying medical issues that need to be addressed,” she explains.

During a physical exam, your vet will check for injuries and other potential causes for appetite loss and might recommend further testing such as bloodwork to look for things such as diabetes or kidney disease; fecal exams to rule out parasites; and X-rays to see if your pet swallowed something that is causing gastrointestinal distress. Your vet will also check for signs of dental disease, which can make eating uncomfortable.

The treatments for appetite loss range from a new diet to medications or surgeries to treat parasites, infections, or intestinal blockages. Cooley says that treating the underlying cause of appetite loss should send your pet, tail wagging, right back to their food bowl.

4 QUESTIONS

PET NOT EATING? HEIDI COOLEY, DVM, SUGGESTS SOME TOPICS TO BRING UP WITH YOUR VET.

Q When should I call the vet? Make an appointment if your pet refuses to eat or you notice any changes in their eating habits. “In pets less than 10 pounds, a lack of appetite could lead to illness more quickly,” Cooley says.

Q What other symptoms should I watch for? “If your pet is exhibiting additional symptoms, including lethargy, vomiting, or diarrhea, they should be seen by a veterinarian right away,” she says.

Q Do I need to switch pet foods? Your vet might recommend offering a bland diet like boiled chicken and rice to deal with acute stomach upset or switching to a prescription diet if a medical issue like pancreatitis or kidney disease caused appetite loss.

TARAJI P. HENSON FIGHTS FOR BETTER MENTAL HEALTH AWARENESS IN THE BLACK COMMUNITY

REVIEWED BY AREFA CASSOOBHOY, MD, MPH, WebMD Senior Medical Editor

BY GINA SHAW
Don’t call Taraji P. Henson a “strong black woman.” Her portrayal of the ultimate strong black woman, Cookie Lyon, in the hit Fox series Empire may have prepared Henson for Golden Globe and two Emmy nominations, but she has words about that archetype. And miss her with “black girl magic,” too, while you’re at it.

“People expect black women to be strong. We’re invincible. We’re magical, majestic, something other. You can shoot us down and plow us over, and we’ll still be a beacon for our people,” she says. “No, if you shoot me I’m going to bleed out and die. Ain’t no black girl magic in that. Why can’t we just be human?”

Being human and vulnerable, and needing help, is exactly what Henson is trying to draw attention to as she speaks out about the mental health issues, including depression, anxiety, and suicide, facing the black community.

She founded the Boris Lawrence Henson Foundation, named in honor of her father who suffered mental health challenges after his service in Vietnam, to help address those issues.

The foundation combats the stigma surrounding mental health in the black community and increases access to culturally competent therapists through its BLHF Resource Guide and scholarships for students of color interested in psychology. In a pilot project aimed at providing mental health support in urban schools, BLHF has partnered with PROJECT 375 to provide Youth Mental Health First Aid Training and trauma-informed curriculum workshops in eight public schools in Washington, DC.

AN UNMET NEED

Black Americans use mental health services at about half the rate of whites, according to the National Alliance on Mental Illness. And a national survey found that suicide attempts among black adolescents rose by 73% between 1993 and 2007, even as such attempts fell for all other ethnic groups. “It’s a national crisis. We’re passing down trauma and dysfunction, generation after generation,” Henson says. “But we’re not getting the help we need, because we were taught to hold our problems close to the vest out of fear of being further demonized as weak or inadequate.”

Destigmatizing mental health in the black community and making culturally competent therapists available is essential, says Angela Neal-Barnett, PhD, director of the Program for Research on Anxiety Disorders among African Americans at Kent State University in Ohio and the author of Soothe Your Nerves: The Black Woman’s Guide to Understanding and Overcoming Anxiety, Panic, and Fear.

“Getting help can mean the world, can make the difference between suffering with depression or anxiety for 10 or 20 years or only experiencing it for 6 months. People in our community often equate mental illness with weakness. If you’re depressed or anxious, you’re not crazy. You’re depressed or anxious, and we can help you with that, the same as a doctor would help if you had pneumonia or a heart attack,” Neal-Barnett says.

Henson knows that all too well. Her powerhouse career has inspired many young black women and men—from her 2016 breakthrough in the film Baby Boy, to her long-running role as Detective Joss Carter in the sci-fi crime drama series Person of Interest, to her epic performance as NASA scientist Katherine Johnson in the film Hidden Figures. In 2016, she released her best-selling autobiography, Around the Way Girl, and was named one of Time magazine’s 100 most influential people.

But as her professional life was skyrocketing, Henson was struggling.

It started with the February 2012 death of 17-year-old Trayvon Martin, a black high school student shot by neighborhood watch volunteer George Zimmerman while walking home carrying an iced tea and a package of Skittles. Henson’s son, Marcell, was 3 years younger than Martin at the time—and she became increasingly overwhelmed by anxiety.

“I became very concerned for my son. For all my loved ones. I became aware that this would be an issue I would be dealing with for the rest of my life,” she says.

And the litany of young black men killed by police or armed civilians in the years since Martin’s death constantly runs through her mind: Tamir Rice. Philando Castile. Oscar Grant. Botham Jean. She worries about Marcell as well as her husband, retired football player Kelvin Hayden, with whom she tied the knot in April. “I wake up in the middle of the night and I can’t go back to sleep. I’m constantly waiting for the phone call. If I can’t reach my son on the phone, I think they shot him. Anxiety is something I work on every day because I have black men in my life who I love.”

FINDING HELP FOR HERSELF

And that’s why she has no patience for the “strong black woman” trope. “My life was going well, and bigotry and racism intervened and now it is forever changed. Don’t make me strong behind it. You’re not allowing me my process. My rage. Instead,
let’s start a conversation and stop walking on eggshells.”

Part of that conversation, Henson says, is the way that the mental health field fails to meet the needs of the African American community. With all of her resources, it took Henson years to find a therapist who could help her. “I went through quite a few bad ones, where I’d leave feeling worse than when I went in,” she says. “I was talking to my friend Gabby [actress Gabourey Sidibe] about it, and she said, ‘You need to go see my doctor.’ I fell in love with that woman, and I’m still asking her to marry me. She forces me to hear myself. She gets it.”

Through her foundation, Henson aims to connect others with culturally competent therapists like hers. “We have a curated list of therapists from all over the country who get our issues, and it’s going to keep growing because therapists have also been looking for something like this. They don’t have to be black, but they do have to understand, to be sensitive,” she says.

Art has imitated life this season on _Empire_, as Cookie has also sought therapy. “Cookie’s human and Cookie needs help, too,” Henson says. “And people are invested in characters, so I hope someone will think, ‘If Cookie can go to therapy, maybe it’s OK for me to do it.’ People fear that going to therapy says that something is wrong with them.

“Well, yes, something is wrong with you! You’re trying to function through trauma. Go and work on it with somebody who can help you find the change you’re looking for.”

**WHAT’S NEXT**

The past few years have been a revolution in self-care for Henson. In addition to working on mental wellness with her therapist, she’s transformed the way she eats after a scary bout with gastritis, an inflammation of the stomach lining. She’d been having nagging digestive symptoms for years, the result of years of gulping coffee first thing in the morning.

“I drink coffee very rarely now, and my diet is 90% plant-based,” she says. “I do allow myself chicken and seafood—seafood is my thing!”

In addition to working on mental wellness with her therapist, she’s also been transforming herself physically with the launch of her new hair care line, TPH, which is the brainchild of a longtime hairstylist who used to work with Henson on _Empire_.

“While we were in the middle of the show, I would often bring birthday presents with me to set,” Henson says. “I bought a bag of every single product and put them in a trunk. We held it together for four years and then branched off into 25 other products that take care of all types of hair.”

To get through the weave and get to your scalp. And from there, I’ve branched off into 25 other products that take care of all types of hair. After the final episode of _Empire_ airs this month, that’s ahead for her! “This show is going out with a bang,” she promises. “You’re going to be in your feelings, that’s the _Empire_ way. I’ve got some exciting things coming up after that, but I can’t say anything yet. I’m looking forward to life after Cookie, though. While it’s been wonderful creating this iconic character.

But the foundation remains her passion. “I may not be able to fix the mental health crisis among black people in this lifetime, but I know I helped get the ball rolling. I feel like people were waiting for this so they could be set free. All it takes is one. Then you don’t feel so alone.”

If Taraji P. Henson has inspired you to consider seeking mental health care, what do you need to know to get started? Clinical psychologist Erlanger “Earl” Turner, PhD, an assistant professor of psychology at Pepperdine University in the Graduate School of Education and Psychology and host of the mental health podcast “The Breakdown with Dr. Earl,” has tips:

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**You don’t need a diagnosis to work with a therapist.** “A number of my patients do not have a diagnosis like anxiety or depression. They come to work with me on daily stressors, relationship problems, and other life issues.”

**Therapy doesn’t have to be a long-term commitment.** “Many people assume that they have to see a therapist every week or that they’ll have to commit for 6 months or a year. Not necessarily so. Therapy is about getting you to a place where you feel like you have the skills to manage the things you’re dealing with. There is no firm timeline for that.”

**It’s OK to ask about financial options.** “Therapy can be expensive. Some therapists have sliding scales based on income, and those may not always be advertised on their websites. Bring that up when you’re talking to a therapist.”

**Interview your therapist before starting treatment.** “The small number of black professionals in fields like psychology and psychiatry means that not everyone will be able to find a therapist who looks like them.” Ask therapists how much training and experience they have working with people from your background, and on your specific issues.”
Like Being in an Ocean

THE MANY WAYS TO GRIEVE

New research shows that how people go through grief after loss differs widely from person to person—with no one way that fits all.

BY: LISA MARSHALL

REVIEWED BY: NEHA PATHAK, MD,
WEBMD MEDICAL EDITOR

Search for the slideshow How Grief Can Affect Your Health at WebMD.com.
Around 2 am on April 28, 2016, Cathy Semeria made a call no mother should ever have to make.

Her son Nick had been awakened by a friend with troubling news of a fatal crash the night before that involved five University of Georgia students—possibly including his sister Christina. Nick urged his parents to call Athens Regional Medical Center near where she went to school. Heads shaking, Cathy dialed the number.

“I said, ‘You just need to let me know that my daughter is OK,’” she recalls. “There was total silence on the other end.”

She threw the phone at her husband and collapsed in disbelief. In the coming days, as news unfolded about the accident that killed 19-year-old Christina Semeria and three friends and left another critically injured, Cathy waded through waves of shock and grief. She remembers the details of the accident in her mind: No drugs. No alcohol. No speeding. Yet their car drifted across the center line, sending it into oncoming traffic.

“Tini’s” legacy via social media. But when a friend of her daughter “would want her to be happy.” And she suggested her daughter “would want her to be happy.” And she often replayed the details of the accident in her mind: No drugs. No alcohol. No speeding. Yet their car drifted across the center line, sending it into oncoming traffic.

Today, she has found solace in her community, and through her son’s music. She often rearranges her life to avoid reminders of her daughter’s passing. She visits the place where she was first told the news, and they have a “special place” in her heart.

The truth about the five stages

David Keasler, who co-authored several books with Elisabeth Kubler-Ross, says her work has been “widely misunderstood.” He notes that when she introduced the stages in the 1969 book On Death and Dying, they were intended to describe the emotional process of a dying person at the end of life.

In 2004, On Grief and Grieving was published. The book, authored by Keasler and Kubler-Ross (who passed away before the book’s publication), formally adapted the stages to the bereaved, and the authors included an often overlooked notice on page one. “We explained that they are tools to help us frame and identify what we may be feeling, but they are not stops on some linear timeline,” Keasler says.

That said, he still uses the stages in his workshops and on his website, the grief blog, and they are described in many books. As Keasler says, “Denial, which sometimes shows up as shock, helps us pace our grief, he says, letting in only as much pain as we can handle. Anger is ‘pain’s bodyguard,’ letting have connections without being too vulnerable.”

A connection made through the strength of anger often leads to healing, he says. Bargaining helps us make a plan to climb out of grief, he says. “‘We’ll volunteer in our loved one’s name or visit his workplace every year,’ they say, ‘so that it’s not so difficult.’”

Research also suggests that men and women differ in their grief, with women grieving more chronically and men grieving more acutely.

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The broad spectrum of grief

George Bonanno, PhD, a professor of clinical psychology at Teachers College at Columbia University, says he has seen no evidence that these stages are universal among the grieving and, in fact, the five-stages theory has in some cases done more harm than good.

“In the 90s, the idea was that everyone must go through this painful, elaborate working-through process, and if they didn’t, either they didn’t care about the person or they were in denial and needed treatment,” he says. “A lot of people were getting treatment when they really didn’t need it.”

In one groundbreaking study of 205 widows and widowers, Bonanno found that 66% showed little depression, intense yearning, or longing in the 18 months after the death of their spouse. Ten percent had impaired mental health, as the chronic stress of caregiving subsided. Another 2015 study—of 2,712 people who had lost spouses or children—found 46% showed little depression, intense yearning, or longing in the 18 months after the death of their spouse. Ten percent had impaired mental health, as the chronic stress of caregiving subsided.

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Over time, people who once offered support begin to fall off, says Shear. “Then people start to say things like ‘I know this is really hard, but it’s time to get over it.’”

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Your brain on grief

While the research is young, studies have begun to shed light on what happens in the brain and body during grief. In the days after a loved one’s death, the bereaved’s body pumps out stress hormones like epinephrine and cortisol, boosts blood pressure, and weakens immune responses, studies show. In fact, in the first 6 months after the death of a spouse, the odds of dying are twice as high for men and 1.5 times as high for women. In most cases, these changes fade over time. But in people with prolonged or complicated grief, things are different.

Studies show they continue to have higher levels of the stress hormones cortisol and may also have an imbalance of the hormone oxytocin, a.k.a. “the mothering hormone,” which helps people form bonds with one another. Meanwhile, brain imaging studies show that when healthy people are shown a photo of the deceased many months later, it still activates those regions associated with physical pain. But in people with prolonged grief, their reward system is in hyperdrive, and they are in a constant state of yearning for a person who is not there and is not going to be there.

The sixth stage

In November, Kessler will publish a follow-up to the book he authored with Kubler-Ross, adding a sixth stage, which he has come to understand better since the death of his own 21-year-old son.

“I was devastated, and I tried to do what I told everyone else to do,” he says, recalling how he went to grief counseling groups, his book on the table, where no one cared what he’d written. The stages rang true to him. But one was missing: Meaning.

“We are not a generation that is just OK with finding acceptance,” he says. “We want to transform our grief into something more meaningful.”

Cathy Semeria says that of all the stages of grief she’s heard about, she identifies with this one the most. Despite the occasional comment that she’s being too vocal on Facebook, or that her grief is lingering too long, she continues to post candidly and speak publicly about her grief process, has started a support group for grieving parents, is more active than ever in her church, and intends to write a book.

“Even in the deepest of grief, I continue to live my life with purpose and meaning and share my story,” she says.

A new way to manage grief

While it may help some people, in many cases, the bereaved do not require long-term therapy or medication, says Bonanno, author of The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss.

“People recover pretty quickly,” he says. “It’s not that they aren’t sad. But they can work and continue with their lives and experience joy and pleasure, sometimes even in the early days after a loss.

But for those with complicated grief, professional counseling is recommended. Shear has come up with a 16-week program in which people explore when and how to face their grief and when it’s appropriate to set it aside. In one exercise, they are asked to recount the story of when and how they first learned of the death. In others, they’re encouraged to return to the places they’ve been avoiding, take steps to strengthen relationships with the living, and plan for the future.

They also develop healthy ways to stay connected with their lost loved ones.

“Grief is not all bad,” says Shear. “It is not something we need to make go away or get rid of or not talk about. We need to allow it to place in our lives and our communities.”

Here’s a sample of potentially less-than-helpful comments:

They’re in a better place.
At least they’re not suffering anymore.
Time will heal this.
You’ll feel better if you ______ (fill in the blank).
This too shall pass.
You’re lucky you had 36 years with your dad.
I’m surprised you’re still so upset about this.
Everything happens for a reason.
Your parents dying was a blessing in disguise—you won’t have to watch them grow old.
It doesn’t get easier.

How to Avoid Saying the Wrong Thing to Someone in Grief

MANY YEARS AGO WHEN MY WIFE AND I LOST OUR FIRST TWO PREGNANCIES LESS THAN SIX MONTHS APART, a friend of ours reassured us that “everything happens for a reason.” I was furious. While I knew she meant to be helpful, I found the remark deeply un comforting. Rather than acknowledging our grief, her comment seemed to dismiss it.

You’ve probably been on both sides of this dynamic. When faced with another person’s grief, you want to be comforting, but you worry that you’ll say “the wrong thing” and inadvertently make it worse. When faced with your own grief, you may have been told things that were unhelpful, or even upsetting.

Shear and Bonanno have some advice for you—don’t have to follow any prescribed phrasing. Just let the person know you’re with them and you care about them.

Acknowledge and validate their feelings. More than anything, we need the space to feel what we feel when we’re grieving. Any response that tries to point out a silver lining is likely to feel like a rejection of a person’s feelings, as though he or she is “grieving wrong.” You can validate their experience even if you know their perspective will change over time—the passage of time has a power that words lack.

Be aware of your own feelings about loss. Most of us have our own feelings about death and other forms of loss, and if we’re not aware of them, they can color our interactions with the grieving person in unhelpful ways. When you recognize your own stuff, you can focus more directly on the other person.

Listen. Offer a listening ear if a person wants to talk. You probably don’t have to say much, and you certainly aren’t expected to “solve” the grief. Just having someone they can express their thoughts and feelings to can be an invaluable part of healing. Or you might even sit in silence with them.
Sepsis may not be on your radar but it is an extremely deadly killer.

Worldwide, a stunning one-third of people who get it die, and many who do live have life-changing side effects such as chronic pain and fatigue, organs that don’t work well, even amputations. Sepsis is caused by a bacterial infection, and many conditions can lead to it. You can be completely healthy or have a condition that makes you more likely to get it.

One very susceptible group: children.

While sepsis overwhelmingly strikes the elderly—up to 85% of all cases are in seniors—more than 75,000 children develop sepsis annually in the United States, according to the Sepsis Alliance. Seven thousand die.

Doctors are hoping to cut down on those deaths by educating themselves and parents about the symptoms, which can be vague and difficult to recognize. They can also vary drastically child to child, says Niranjan Kissoon, MD, vice chair of the Global Alliance for Sepsis and a member of the Sepsis Alliance advisory board.

Kissoon is working with the CDC to gather data on sepsis. He says one of the biggest barriers is accepting that sepsis is a major public health issue. “In the United States, more than 18 children die from sepsis each day, and this is tragic in the sense that many of these lives could be saved with improved public awareness of the symptoms and expanded health care provider education and early treatment,” says Kissoon, a professor of pediatrics and emergency medicine at the University of British Columbia. He says it causes more deaths than cancer.

The social and economic disparities are also troubling and must be addressed, he adds. “Studies have shown that preterm infants who are black are 13 times more likely to develop sepsis and 15 times more likely to die than infants who are not black,” he says. “Infants of low-income families are 20 times more likely to die of sepsis. In fact, infants from families without insurance are also three times more likely to die.”
A CLOSE CALL

Marnie Doubek, MD, struggled for several days to figure out what was wrong with her son Zachary when she found him crying one night after a baseball game in 2014. “He said he had a headache and he was dizzy and his knee hurt,” Doubek says. She and her husband, Joe, thought maybe Zach, who was 11 at the time, hurt his knee sliding into a base. The next morning, he still had knee pain. Doubek gave him ibuprofen, and about an hour later, he felt well enough to go to school. But that was short-lived. It would take nearly a week and multiple doctors before Zach was diagnosed with sepsis.

“I got a call from the school nurse. He was limping and saying that his knee hurt,” Doubek recalled. “She said he didn’t have a fever, but what she did say to me was, and this is a quote from her, ‘He just doesn’t look right.’”

The next day, Doubek, a primary care doctor in Maplewood, NJ, took Zach to be seen by one of her associates. She thought there was a chance Lyme disease might be the culprit, so she drew some blood and started him on the antibiotic amoxicillin. When the bloodwork came back, and a marker for inflammation was critically elevated, they went to see an orthopedist. Doubek says she was starting to freak out, and Zach was looking pretty sick. The orthopedist thought it might be inflammation of the lining of the joint. But Zach got worse. By the next evening, he was in such agony, he could hardly move. And then, Doubek says, he became delirious.

“It was about 3 o’clock in the morning and he asked me for water,” Doubek remembers. “I picked up the water bottle and went to hand it to him. He looked at me and said, ‘Is someone going to fly it to our house?’” She took Zach to the local emergency room, where doctors transferred him to a hospital with a pediatric intensive care unit.

“I don’t think there’s any other health condition that at that point,” Doubek says. “No one specifically said, he’s septic or has sepsis. They were wondering if he had some kind of tick-borne illness. Nobody really knew, but they knew that he was in respiratory failure, he was in liver failure, and he was in kidney failure.”

Once in the ICU, Zach was given broad-spectrum antibiotics and put on a respirator. Doubek says two days later, his doctors determined Zach had osteomyelitis, a bone infection of his right femur. He was rushed to surgery to drain the infection.

“They stayed on that respirator unconscious for about two weeks, in and out of surgery with high fevers. He was on medication to keep his blood pressure up. There were multiple complications. He had a lung collapse, and even required a chest tube. Finally, after about two weeks of pure hell, he started to do a little bit better.”

“It was hard to believe that our healthy 11-year-old son, who had been playing baseball four days earlier, was on a respirator, sedated, and asleep. He had IV lines and a catheter. You walk into the room and you cannot believe what has just happened,” Doubek says.

IMPROVING THE ODDS

Kissoon says one critical problem with sepsis is making a diagnosis. “The signs and symptoms initially can be very subtle, and many a time, we misdiagnose children and we think they have a common cold,” he says.

There are no tests that can give you a diagnosis of sepsis immediately, Kissoon says. He says if doctors suspect sepsis, they start antibiotics right away rather than wait until the diagnosis is confirmed.

Most doctors agree that an hour can make all the difference. “Sometimes children have pre-existing conditions that make them susceptible to infections and ultimately sepsis,” says Michael Bell, MD, chief of critical care medicine at Children’s National Hospital in Washington, D.C. “But other times, it is just terrible luck that happens to some kids where they get overwhelmed by an infection and can lead to quite a difficult hospitalization and rehabilitation.”

Lauren Hess, MD, co-lead of a sepsis quality improvement project at Texas Children’s Hospital in Houston, says children are also more vulnerable because many of the common conditions they have can lead to sepsis.

And younger children may not be able to express how they’re feeling. “It has been an aspiration for decades to have a medication or drug that can be administered to all children with sepsis that will mitigate the body’s bad effects of the response,” Mairis says. “Sadly, none of these ‘magic bullets’ has proven to be effective in large clinical trials.”

He says the sheer number of annual cases outstrips an astonishing amount of money. “There’s tremendous financial burden associated with sepsis,” Mairis says. “Likely over $4.5 billion a year in health care costs.”

But he says the efforts of hospitals all over the country have led to significant improvements. “Almost 20% more children are being recognized as having sepsis”–critical because timely recognition and interventions with fluids and antibiotics are keys to reducing deaths and severe side effects, Mairis says. These improvements have also led to a decrease in the length of hospital stays and sepsis-related mortality at the hospitals in the Improving Pediatric Sepsis Outcomes collaborative, he says.

ZACH DOUBEK’S FUTURE

Zach, while one of the lucky ones, will have lifelong complications from his fight with sepsis. He had permanent damage to the nerves in one leg. As a result, that leg did not grow the same, so he wears alift in his shoe. He also has a weakened calf muscle, less sensation in his foot, and issues with focusing and anxiety.

“Overall, he’s done amazingly well, he’s come so far— but the truth is he’s still on the journey,” Marnie Doubek says. “It doesn’t have an ending yet. It’s been a rough 5 years for him. It’s been a process of redefining himself.”

While Zach figures out who he is, his mother is on a mission to make sure sepsis is on everyone’s radar so that what happened to her son does not happen to someone else’s. She plans to continue speaking out to get the message across to other families.

“I do it because I am so grateful. I know how easily it could have gone the other way. There were such moments of intense fear that he wasn’t going to make it—it’s a very dark, scary place to be so close to, so yeah, we’re very lucky. I know there are many, many families that unfortunately can’t say the same thing.”

Children are more vulnerable because many of the common conditions they have can lead to sepsis. And younger children may not be able to express how they’re feeling.
IF THE GINGER IN YOUR KITCHEN IS LIMITED TO A DUSTY BOTTLE ON THE SPICE RACK, consider adding fresh ginger to your shopping list. This knobby root has zingy flavor and time-honored healing effects. It eases nausea and aids digestion after meals. Preliminary studies show that components of the root called gingerols appear to fight inflammation and may offer some osteoarthritis pain relief. Grate peeled ginger into salad dressings and marinades. Add it to fruit salads, or toss slivers into stir-fries and chicken soup. For a kicky ginger tea, simmer half-inch slices of the root in water, add fresh lemon juice and a little honey. Serve hot or cold. —ERIN O’DONNELL
**Mediterranean Chickpea Bowl**

This flexible recipe allows you to make multiple substitutions based on dietary needs or what you have on hand. We call for Israeli couscous (aka “pearl” couscous), but you can use quinoa instead to make it gluten free. And if you leave out the feta cheese, you’ll make the meal vegan.

**MAKE IT**

Cook 1 cup dry couscous according to package directions and set aside to cool. Chop 1 cucumber and ¼ cup basil. Thaw 9-oz frozen artichoke hearts and chop. Add a 15-oz can of rinsed, drained chickpeas, the couscous, 1 cup sliced tomatoes, and 2 tbsp minced onion. Drizzle with 2 tbsp each olive oil and lemon juice. Season with salt and pepper. Mix well. Garnish with additional basil, almonds, and feta cheese. Serve warm or refrigerate and serve cold. **SERVES 6**

**PER SERVING** *(1.5 cups salad)* 305 calories, 12 g protein, 44 g carbohydrate, 10 g fat (2 g saturated fat), 6 mg cholesterol, 9 g fiber, 5 g sugar, 195 mg sodium. Calories from fat: 29%.

**3 Ways**

**Bountiful Breakfast**

**Lemony Chickpea-Avocado Toast**

Adding chickpeas to avocado toast makes this breakfast classic extra delicious, nutritious, and filling. We like this dish, which provides perfect fuel for demanding days, with rustic whole-grain bread.

**MAKE IT**

In a small bowl, use a fork to mash 1 avocado with 2 tsp lemon juice, ½ tsp lemon zest, and ½ tbsp olive oil until creamy. In a separate bowl, mash 1 can rinsed, drained chickpeas into a chunky mixture. Combine with the avocado. Add ½ chopped red pepper, setting aside 2 tbsp for garnish. In another bowl, toss 2 cups arugula with salt, pepper, 1 tbsp olive oil, and 2 tbsp lemon juice. Spoon avocado mixture onto four slices of toast. Top each one with arugula, red pepper, and lemon zest. **SERVES 4**

**PER SERVING** *(1 slice toast, about ½ cup mixture, and ½ cup arugula)* 345 calories, 13 g protein, 44 g carbohydrate, 14 g fat (2 g saturated fat), 0 mg cholesterol, 12 g fiber, 8 g sugar, 331 mg sodium. Calories from fat: 36%.

Search for the Food & Fitness Newsletter at WebMD.com.
THE MIX
CHICKPEAS + 4 4-oz SALMON FILLETS, OLIVE OIL, ONION, GARLIC, TURMERIC, CORIANDER, CAYENNE PEPPER, FRESH CILANTRO, LEMON

Build a Better Sandwich

Build Your Creation a Perfect Meal by Practicing a Few Pro Tips

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

A sandwich does not have to be a complicated affair, says Harley Peet, executive chef at Bluepoint Hospitality in Easton, MD. And that’s one thing he likes so much about them. “You can make a sandwich with whatever you have available,” he says. “You don’t need a precise recipe.” But rather than simply stuffing your ingredients between two pieces of bread, follow Peet’s assembly pointers.

• Choose the right bread. Ciabatta, for example, holds up nicely to sandwich fillings. Rye, white, or whole wheat loaves, of course, are classic.
• Have a selection of condiments on hand. Chutneys are great flavor boosters, and mustards—whole grain, Dijon, and yellow—are a must.
• Protect your bread. Keep wetter ingredients, like tomatoes, away from the bread so it doesn’t get soggy. Instead, create a barrier with a layer of cheese or lettuce.
• Build even layers. Avoid piling ingredients in the center. Spread them out evenly from crust to crust, and they won’t all fly out when you take a bite.
• Balance the flavors. If you’re using a super-salty cured meat, skip highly seasoned spreads and, instead, add something a little sweet or acidic, like a nice relish or mayo with a little lemon zest. For a neutral-flavored turkey breast, try a garlicky aioli.
• Layer in your spread. As you fill your sandwich, add some of your chosen spread with each layer. It will help serve as a glue so the ingredients don’t slip and slide.
• Add some crunch. Stir some chopped nuts into your chutney or spread. Another option: iceberg lettuce. Or get texture from your bread by using a loaf loaded with seeds.

Salmon and Spicy Chickpeas

Roast the salmon in the oven, or fire up the grill outside, depending on the weather. This satisfying meal pairs well with a crisp salad.

MAKE IT

Preheat oven to 400 degrees F or the grill to medium-high heat. Season salmon with salt, pepper, and ½ tsp cumin. Roast or grill until an instant-read thermometer registers 145 degrees F. In a medium skillet, cook minced onion in 1 tbsp olive oil for 5 minutes. Add 3 minced garlic cloves, ½ tsp each turmeric, cumin, and coriander, and a pinch of cayenne pepper. Combine thoroughly. Add a 15-oz can rinsed and drained chickpeas and 1 tbsp water. Cook 2 to 3 minutes more. Remove from heat and add 2 tbsp chopped cilantro. Divide chickpeas onto four plates. Add salmon, and garnish with cilantro and lemon wedges.

SERVES 4

PER SERVING:
(1 salmon filet and ¼ cup chickpeas) 399 calories, 20 g protein, 24 g carbohydrate, 20 g fat (6 g saturated fat), 60 mg cholesterol, 6 g fiber, 64 mg sodium. Contains from fat: 46%.
The Joy of Seeds

EXPLORE THE WORLD OF DELICIOUS AND NUTRITIOUS SEEDS IN ALL THEIR VARIOUS SHAPES, SIZES, AND FLAVORS

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

SEEDS BOAST FIBER, HEALTHY FATS, AND PROTEIN, AS WELL AS VITAMINS, MINERALS, AND ANTIOXIDANTS, BUT THEIR TASTE AND TEXTURE ARE WHAT MAKE THEM AN IDEAL ADDITION TO YOUR NEXT MEAL. “WHAT I LOVE ABOUT COOKING AND BAKING WITH SEEDS IS THAT NOT ONLY DO THEY PROVIDE FLAVOR AND SOMETIMES CRUNCH, THEY ARE OFTEN PACKED WITH NUTRITIONAL GEMS,” SAYS ANDREA TUTUNJIAN, DIRECTOR OF EDUCATION AT THE INSTITUTE OF CULINARY EDUCATION IN NEW YORK CITY AND CO-AUTHOR OF IN A NUTSHELL: COOKING AND BAKING WITH NUTS AND SEEDS. THESE ARE FIVE OF HER FAVORITES.

SESAME SEEDS
“Delicate, slightly sweet, and available in several colors, the darker are more robust and distinct. Sprinkle on nearly anything, use as a crust for fish, or add to mole and other sauces.”

POPPY SEEDS
“Their crunchy texture and slightly nutty, sweet flavor works well with both sweet and savory foods. Look for the dark, slate blue variety to add to breads, cakes, salad dressings, and pastry fillings.”

PUMPKIN SEEDS
“A lovely dark green when shelled, their flavor has accents of squash and hints of nuttiness. A bit chewy raw, they crunch when toasted. Eat as a snack, sprinkle on a salad, or add to pesto.”

SUNFLOWER SEEDS
“Mildly nutty, their firm but tender texture crisps up when toasted. Ideal in grain salads, muffins, and granola, they also can be processed into butter—a great option for anyone with nut allergies.”

CUMIN SEEDS
“Ancient in origin and boasting a very distinct earthy flavor, cumin seeds belong in soups, stews, chilis, and curry. Or use them to brew a homemade tea.”

PHOTOGRAPHY AND FOOD STYLING: GABRIELA IANCU

FOOD 101
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**THE LATEST**

**Skin Cancer**

Doctors diagnose 9,500 cases every day. New research aims to ease diagnosis and lower risk.

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Skin cancer, including melanoma, basal cell carcinoma and squamous cell carcinoma, is the most common cancer in the U.S. About one in five people will develop it in their lifetime.

Electromagnetics researchers have developed a way to diagnose skin cancer without cutting the skin. They use shortwave rays like those found in airport security scanners. The waves bounce off cancerous cells in the same way they bounce off metal belt buckles. In a side-by-side comparison, the shortwave rays detected skin cancer as accurately as skin biopsies. The technology could one day be part of a diagnostic device doctors hold in their hands.

Of course, the main risk factor for skin cancer is in your hands: exposure to sun and other UV light. Sunless tanning products provide a bronze glow safely. But, people who use them don't seize the opportunity to lower their cancer risk. In a survey of more than 27,000 adults, those who use sunless tanning products were more likely to use tanning beds and report a recent sunburn. They were less likely to wear protective clothing or seek shade when outdoors. Sunless tanning only lowers cancer risk when it replaces sun exposure.

Sweet potatoes might lower skin cancer risk, too—those and any other foods high in vitamin A. New research shows that a vitamin-A-rich diet may reduce risk of squamous cell carcinoma by 17%. Supplements don't bring the same benefits. Other foods that provide abundant vitamin A include spinach, carrots, cantaloupe, red bell peppers, mangoes, dried apricots and broccoli. —SONYA COLLINS
Sad Moms

CHILD BIRTH ISN’T A HAPPY TIME FOR EVERY NEW MOM. ONE IN NINE WOMEN FEELS SO SAD, EMPTY, AND LONELY THAT IT’S HARD TO CARE FOR HER NEW BABY. COULD YOU HAVE POSTPARTUM DEPRESSION? TAKE THIS QUIZ TO FIND OUT.

BY Stephanie Watson

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

ANSWERS

1. TRUE
A personal or family history of depression increases your chances for postpartum depression. Tell your doctor at the start of your pregnancy, so he or she can monitor you for symptoms.

2. FALSE
Many women feel sad or moody in the first few days after their baby’s birth. These baby blues usually ease within two weeks. Symptoms that last longer are more likely postpartum depression.

3. TRUE
Feelings of pervasive sadness can disrupt the natural bonding process. Poor bonding can lead to slowed development and other problems with your baby.

4. TRUE
Thoughts about hurting your baby can happen with postpartum depression, but could also be a sign of a much more serious condition called postpartum psychosis. See a doctor for treatment right away.

5. TRUE
Men can feel just as sad and overwhelmed as women after the birth of their baby. They also need help from a doctor or therapist to deal with these feelings.

6. FALSE
Postpartum depression doesn’t always begin right after your baby’s birth. Symptoms may not appear for several weeks or months.

TIPS TO HELP PREVENT AND RELIEVE SYMPTOMS

1. DON’T WAIT
Get treatment for RA right away to help prevent joint damage.

2. STAY HEART, HEALTHY
RA boosts your chances of heart disease, so eat well and exercise to counter it.

3. RELAX YOUR GRIP
Grip tools and other objects as lightly as you can.

4. LOSE WEIGHT
Shed excess pounds to ease the stress on your joints.

5. DRESS FOR SUCCESS
Wear clothes easy to put on, like sports bras and laceless shoes.

6. EXPLORE ALTERNATIVES
Better medications may be available for you, so ask your doctor about options.

7. LIFT YOURSELF UP
To reduce overnight joint pain, elevate your arms or legs in bed.

8. TAKE A CLASS
Look for exercise programs designed for people with RA.

9. BE A QUITTER
If you smoke, stop. It can worsen your RA symptoms.

10. EXERCISE CAUTION
Stay active, but don’t push yourself if you feel pain or other symptoms.

Search for the article Postpartum Depression at WebMD.com.

Rheumatoid Arthritis

TIPS TO HELP PREVENT AND RELIEVE SYMPTOMS

BY Matt McMillen

REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

EXPERT TIPS

“Talk with your physician. Be involved in your treatment plan. Discuss short- and long-term goals and expectations, concerns and fears, probable outcomes, and medications. Include anything else you want to ask.”
HOWARD SMITH, MD rheumatologist, director of The Lupus Clinic, Department of Rheumatic and Immunologic Diseases, Cleveland Clinic, Ohio

“Overall, my rheumatoid arthritis patients who exercise feel better. Cardio is especially important because heart disease is very prevalent in RA patients. Exercise also eases stress, which increases disease activity, and produces chemical changes in the body that help with inflammation.”
WASEEM MIR, MD rheumatologist, Lenox Hill Hospital, New York City

“Join a support group for people with rheumatoid arthritis, especially if you’re feeling depressed or your RA is challenging your sense of self-worth. Your group will help keep you grounded, you’ll learn some good tips on living with RA, and you’ll make new friends.”
DIANE HOROWITZ, MD rheumatologist, director, The Arthritis Center, Division of Rheumatology, Northwell Health, Manhasset, NY

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Search for the article What is Rheumatoid Arthritis at WebMD.com.
Bone Cancer

Bone cancer is rare, but it can be aggressive. Learn the warning signs and how it’s treated.

By Stephanie Watson

True bone cancer is uncommon, but cancer can also spread to bones from other parts of the body. Christian Ogilvie, MD, associate professor in the University of Minnesota Medical School Department of Orthopedic Surgery, explains the difference and how bone cancer is diagnosed and treated.

Q: How do bone cancer and metastatic differ?
A: Usually when we say bone cancer, we’re referring to cancer that starts in the bone. That’s called primary bone cancer. Metastatic cancer starts somewhere else in the body and travels to the bone. It keeps the name of the original cancer—for example, metastatic prostate cancer.

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Q: How does cancer spread to the bones?
A: One way that it spreads is through the vein system. From your neck down to your hips, you have connected networks of veins. Blood can travel from one vein to another. Once cancer gets into your blood, it can go anywhere from your shoulders to your hips if the conditions are right. Cancer can spread from organs to bones, or from bone to bone this way. The spine has a large system of veins, and its bones are most likely to be affected by cancer.

Q: What causes bone cancer?
A: High-dose radiation is a risk factor. A few inherited conditions cause bone cancer, but they’re rare. One is Paget’s disease. It involves a high degree of bone activity, where bone is being destroyed and remade at a very fast rate. Rapid cell division increases the risk of an error where cancer can pop up.

Q: What are the symptoms?
A: The main symptom is pain. A later symptom would be swelling as the tumor grows. Pain in the bone that doesn’t have another good explanation needs to be checked out.

Q: How is bone cancer diagnosed?
A: Imaging tests such as X-rays look for abnormalities in the bone. If the X-ray finds anything, we need to do a biopsy. Needle biopsy samples are done when possible. In some cases, we have to do a surgical biopsy to get enough tissue.

Q: How is it treated?
A: Most primary bone cancers are treated with chemotherapy first. Then we take the tumor out surgically, which may also involve reconstructing the bone. It’s typical to have more chemotherapy after surgery, to treat small amounts of the tumor that have already spread.

For metastatic cancer, there’s a two-fold strategy. Low-dose radiation will stop the tumor from growing and also help with pain. We also use body-wide treatments such as chemotherapy or hormone therapy. If the bone bears a lot of weight, like the legs, we may need to reinforce it with a rod, plate, or cement to fix a break or prevent it from breaking.

The outlook has improved a great deal since the introduction of chemotherapy. Cure rates for some primary bone cancers like osteosarcoma are 70%. Researchers are looking for new treatments that will improve the outcome even more.

Checkup

Bone Cancer

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Checkup

Diet Smarts for RA

If you have rheumatoid arthritis, some food dos and don’ts can help you manage the disease and ease symptoms.

By Barbara Brody

Rheumatoid arthritis has come a long way in the past few decades, as there are now a variety of drugs designed to ease symptoms and slow the course of the disease. While taking any medications your doctor has prescribed as directed is key, lifestyle habits matter, too. Those include getting enough rest, exercising regularly, and eating healthy foods.

“Diet is pretty critical, because when you have RA you have excess inflammation and there are nutritional factors that can contribute to inflammation,” says registered dietitian Sotiria Everett, EdD, clinical assistant professor at Stony Brook University. “ Dietary changes may help alleviate symptoms or even the progression of RA.”

Everett, who has counseled many rheumatology patients, suggests starting by making small changes. If you try to overhaul your entire diet at once, she says, you’re more likely to get overwhelmed and go back to your old ways.

Here are a few tweaks that are worth making.

**Scale Back on Sodium**

People with RA have a high risk of heart disease, so it’s important to avoid foods that can lead to high blood pressure, Everett says. Those include salt, deli meats, many canned foods like soup, and packaged foods.

**Limit Processed and Fried Foods**

Fast food, packaged crackers, chips, and sugary cereals can all cause more inflammation, so it’s wise to limit how much you eat. Same goes for foods that are high in saturated fat like butter, full-fat cheese, and red meat. Meanwhile, swap your corn oil and canola oil (both are high in omega-6s, which most people eat too much of) for healthier extra virgin olive oil, Everett advises.

3 Questions to Ask Your Doctor or Nutritionist

Q: Do I need to lose weight?
A: If you’re overweight or obese, it’s a good idea. Being too heavy puts extra stress on your joints, causes more inflammation, and may make some RA meds less effective.

Q: Should I try an elimination diet?
A: Some people with RA have intolerances to gluten, corn, dairy, sugar, or alcohol. Everett says you may need to cut out some or all of these and then reintroduce them to figure out which, if any, are problematic for you.

Q: Do any foods interact with my medications?
A: People with RA who take methotrexate, for instance, should avoid or limit alcohol. Grapefruit should not be combined with cyclosporine. Avoid coffee and other caffeine sources if you take prednisone.

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Rheumatoid arthritis has come a long way in the past few decades, as there are now a variety of drugs designed to ease symptoms and slow the course of the disease. While taking any medications your doctor has prescribed as directed is key, lifestyle habits matter, too. Those include getting enough rest, exercising regularly, and eating healthy foods.

“Diet is pretty critical, because when you have RA you have excess inflammation and there are nutritional factors that can contribute to inflammation,” says registered dietitian Sotiria Everett, EdD, clinical assistant professor at Stony Brook University. “ Dietary changes may help alleviate symptoms or even the progression of RA.”

Everett, who has counseled many rheumatology patients, suggests starting by making small changes. If you try to overhaul your entire diet at once, she says, you’re more likely to get overwhelmed and go back to your old ways.

Here are a few tweaks that are worth making.

**Scale Back on Sodium**

People with RA have a high risk of heart disease, so it’s important to avoid foods that can lead to high blood pressure, Everett says. Those include salt, deli meats, many canned foods like soup, and packaged foods.

**Limit Processed and Fried Foods**

Fast food, packaged crackers, chips, and sugary cereals can all cause more inflammation, so it’s wise to limit how much you eat. Same goes for foods that are high in saturated fat like butter, full-fat cheese, and red meat. Meanwhile, swap your corn oil and canola oil (both are high in omega-6s, which most people eat too much of) for healthier extra virgin olive oil, Everett advises.

3 Questions to Ask Your Doctor or Nutritionist

Q: Do I need to lose weight?
A: If you’re overweight or obese, it’s a good idea. Being too heavy puts extra stress on your joints, causes more inflammation, and may make some RA meds less effective.

Q: Should I try an elimination diet?
A: Some people with RA have intolerances to gluten, corn, dairy, sugar, or alcohol. Everett says you may need to cut out some or all of these and then reintroduce them to figure out which, if any, are problematic for you.

Q: Do any foods interact with my medications?
A: People with RA who take methotrexate, for instance, should avoid or limit alcohol. Grapefruit should not be combined with cyclosporine. Avoid coffee and other caffeine sources if you take prednisone.
How to Handle Social Distancing

ONE OF THE MOST EFFECTIVE STRATEGIES TO STOP THE SPREAD OF THE CORONAVIRUS IS SOCIAL DISTANCING. HERE’S HOW TO DO THAT WITHOUT FEELING ISOLATED.

CURRENTLY NO VACCINE EXISTS FOR COVID-19, so protecting yourself and others is key. To avoid getting infected or infecting others, you need to limit your physical contact with other people. This requires staying at home and only leaving when absolutely necessary.

Being quarantined can affect your mental, social, and physical health as well as your financial health. So how do you practice social distancing while not increasing loneliness, which can lead to depression, anxiety, memory problems, decrease in immune response, and even substance abuse?

STAY BUSY
You might have more free time with cancellations of many social gatherings and maybe not needing to travel to/from work. Make a “to-do” list with some of those tasks you have wanted to complete for a while. Read that book that you got for your birthday. Clean out the room in the basement. Make a schedule for each day so you keep structure. Don’t wake up in the morning and feel you have nothing to do.

LIMIT SOCIAL MEDIA CONSUMPTION
During any crisis, a lot of misinformation is out there. You don’t need to read about the coronavirus all day. Set a limit. Maybe check your feeds and the news every few hours; or stay away for a while. Read that book that you got for your birthday. Clean out the room in the basement. Make a schedule for each day so you keep structure.

STAY CONNECTED VIRTUALLY
Sometimes it seems our phones are more for testing and messaging than talking. Go old school and call people to engage in a conversation. This can include videoconferencing. Early on, you might need to make more of an effort to talk “live” since we don’t do that as often. Set some time in your day to make calls to loved ones, friends, and work colleagues. Some businesses are planning virtual “happy hours” where employees log in online and just talk about their day and how they are doing.

GET ACTIVE
You are probably less physically active while you are at home, especially since your activity outside the house or apartment is limited. Many gyms are closed which also doesn’t help. However, you can still go outside for a walk. You can still exercise at home. There are many online tools and sites where you can do a virtual gym class. You’re going to need to be a little creative, but now is not the time to be sedentary.

EAT HEALTHY
Food plays an important role in maintaining a healthy immune system. Make sure you are eating fruits and vegetables on a daily basis. Be sure to stock your cabinets with healthy snacks. It is hard to eat nutritious foods if they are not in the house. You might need to do some extra planning since you are unlikely to be making several trips to the grocery store every week as you might have done in the past.

Questions? Comments? Email me at john@webmd.com.
1. **HOW DID YOUR DRIVE TO TIDY UP BEGIN?**
I didn’t grow up in a particularly neat or organized family—it was just something that I loved to do! I spent my whole adolescence researching and studying tidying. … I realized that the most important thing about tidying is not deciding what to discard but, rather, deciding what to keep.

2. **HOW CAN RIDDING OURSELVES OF ALL THE EXTRA STUFF MAKE US FEEL BETTER?**
By understanding exactly which items we own and only surrounding ourselves with items that spark joy, we free up space to focus on the goals and relationships that are most important to us.

3. **HOW DO YOU DETERMINE WHETHER AN ITEM SPARKS JOY?**
Bring out each item you own and hold them one by one. If it’s difficult for you to connect with your sense of joy when holding your belongings, I suggest starting with an item you really love and using that feeling as a point of comparison for everything else.

4. **WHAT EFFECTS CAN DECLUTTERING OUR HOME HAVE ON OTHER ASPECTS OF OUR LIVES?**
Decluttering your home or office allows you to declutter your mind. In an uncluttered space, you can focus your energy and attention on what brings you happiness—or what’s standing in the way of it. Another benefit: You will always find that thing you are looking for.

5. **YOUR NEW BOOK, **JOY AT WORK: ORGANIZING YOUR PROFESSIONAL LIFE, **IS ABOUT DECLUTTERING THE WORKPLACE. WHAT ARE SOME OF THE MOST PROBLEMATIC AREAS IN PEOPLE’S OFFICES THAT NEED CLEANING UP?**
A cluttered or disorganized workspace makes it hard to focus and to make decisions on what’s truly essential. Having a tidy workplace cuts down on time spent searching for what you need—as a result, you use your time and energy more effectively.

6. **WHAT DO YOU DO OUTDOORS TO RECHARGE?**
When I visit Japan I make a point of visiting an onsen [hot spring]. The dense greenery of the surrounding landscape is very soothing. I even look forward to the sounds of the insects at night.

7. **WHY DID YOU DECIDE TO WRITE A CHILDREN’S BOOK?**
As a parent, I’ve observed firsthand the impact that books can have on children. I wrote *Kiki & Jax* as a way to communicate the joy of tidying and friendship to young readers.

8. **WHY DO YOU THINK IT’S IMPORTANT TO TEACH CHILDREN THE VALUE OF TIDYING UP?**
Through tidying, children develop an awareness—and ultimately, an appreciation—of what they already possess. It’s natural for children to become attached to favorite toys and special objects; teaching them to treat these items with respect and to give them a home sends a subtle message about having gratitude for the important things in their lives.

9. **WHAT LESSONS HAVE YOU TAUGHT YOUR OWN CHILDREN?**
I make folding clothes and laundry an activity my daughters and I do together. Of course, I don’t expect them to fold like pros, but I do want them to have a positive association with tidying and to learn how to take care of the objects that help them through the day.

10. **ARE MESSES OK SOMETIMES? IS THERE ANY PART OF YOUR LIFE IN WHICH YOU’RE EVER DISORGANIZED?**
When I first became a mother, I felt frustrated when I couldn’t tidy my home exactly the way I wanted. Then, after having my second child, I didn’t even have the energy to consider some of my former practices around the house! Motherhood taught me to be more forgiving of myself. The joy that comes from parenting exceeds any satisfaction that comes from a perfectly neat home.
—STEPHANIE WATSON

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**Marie Kondo**
*Tidying expert, author, Netflix home makeover series host, 35, Los Angeles*

“DECLUTTERING YOUR HOME OR OFFICE ALLOWS YOU TO DECLUTTER YOUR MIND.”