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The Comeback
A SERIES FROM THE EDITORS OF
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Munn Rising

Known for roles in HBO's *The Newsroom* and action flick *X-Men: Apocalypse*, actor **Olivia Munn** shines brighter than ever. She's learned to focus on herself—and her health. She opens up about her struggles with anxiety attacks and exercise, and how she ultimately has accepted herself.

Straight Talk

Weight-loss mysteries baffle many on their quest to shed extra pounds. Now, recent research helps to answer some of the most common questions about how calories, genes, and more play a role in determining that number on the scale.



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“
I LIVE WITH ANXIETY A LOT. THE MORE I CAN TALK TO PEOPLE ABOUT IT, THE LESS ALONE I FEEL.
”



40



56

IN EVERY ISSUE

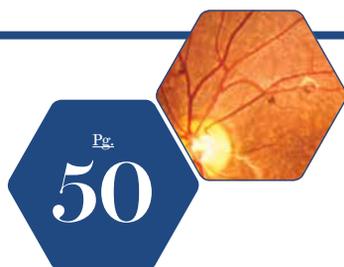
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Harry Connick Jr. is an American music idol in his own right. The talent show's judge talks about his new album, his long-lasting relationship, and his health habits.

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WEBMD CHECKUP

January is **Glaucoma Awareness Month**. • **HEALTH HIGHLIGHTS:** How to stay healthy during cold and flu season. • **BY THE NUMBERS:** A closer look at eye health. • **LIVING WELL:** Tips to manage hypothyroidism. • **MY STORY:** A reader shares how he kicked smoking once and for all. • **TEST YOUR SMARTS:** What's your heart health IQ? Take the quiz to find out.

EDITOR'S NOTE



I love a new year. There's something about it that makes me feel like anything is possible—even if I end up attaining only a fraction of my goals once reality sets in. Our theme for this issue is "Fresh Start," which of course you can have any time, but it's worth highlighting now as you think about your resolutions and what you hope to accomplish in the year ahead.

Our cover celebrity, **Olivia Munn**, is a black belt in karate, but she's also mastered the art of the fresh start. She tells us how she's tackled both emotional and physical challenges in her personal and professional life. From dealing with fluctuating weight and anxiety attacks to harsh words from entertainment critics, Munn shares how she channels her inner resilience to keep pushing forward. Turn to page 34 for her story.

No matter what your goals are for the New Year, we've got the weight-loss know-how, recipes, fitness tips, and stress reducers to keep you on track. We've also got pointers for jump-starting motivation for your workout routine and some simple ways to try mindfulness and meditation.

Here's to a happy new year full of fresh starts,

Kristy Hammam
Editor in Chief
kristy@webmd.com

SECOND ANNUAL WEBMD HEALTH HEROES GALA

On November 5, WebMD celebrated its second Health Hero Awards Gala at the Times Center in New York. Hosted by *Good Morning America* co-anchor **Robin Roberts**, the star-studded event paid tribute to an advocate, a scientist, a prodigy, and our People's Choice winner, actor **Glenn Close**. Each took action to solve a health challenge, give back to others, and inspire people to live healthier lives. Celebrities, including actors **Seth Rogen** and **Fran Drescher**, presented the winners with the night's awards. Musical guests **The Broadway Boys**, **Mary McBride**, and singer-songwriter **Amos Lee** entertained the crowd.



From left to right: Advocate winner Ronald "Jake" Clark, Scientist winner Bennet I. Omalu, MD, presenter Fran Drescher, People's Choice winner Glenn Close, WebMD CEO David J. Schlanger, Prodigy winner Kenneth Shinozuka, presenter Jessie Close, and host Robin Roberts.

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FROM LEFT: GREGORY MILLER; GETTY IMAGES

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HOT TOPICS!

FACTS AND NEWS YOU CAN USE

Caramels are the **most popular flavor** in a box of chocolates.

Source: National Confectioners Association

20

Number of teeth humans are born with. Usually at about 6 months, the initial "baby" teeth begin to emerge.

Source: American Dental Association



1/3

of women of childbearing age in the U.S. get the recommended amount of **folic acid** (400 micrograms) from their diets.

Source: National Birth Defects Prevention Network



TOP 2016 FITNESS TREND:
WEARABLE TECHNOLOGY

Source: American College of Sports Medicine



Eating disorders usually start in the teens but may begin as early as age 8.

Source: National Association of Anorexia Nervosa and Associated Disorders



AN ADULT'S NORMAL AND HEALTHY HEART IS ABOUT THE SIZE OF A CLENCHED FIST.

Source: National Heart, Lung, and Blood Institute



Chefs say **locally sourced meats and seafood** will be this year's hottest food trend.

Source: National Restaurant Association

23,000

emergency room visits each year are due to people suffering from adverse health effects of dietary supplements.

Source: New England Journal of Medicine

54.4 million

households own a dog.



Source: American Pet Products Association

42.9 million

households own a cat.





13%:
Americans who don't have health insurance. That's down from more than 16% in 2014.

Source: CDC

See the Light

Here's another reason to pry the kids from their screens and send them outside to play: It could save their eyesight. In an experiment in China, 900 elementary school students got 40 minutes of additional outdoor play each school day for three years. Another 900 continued normal activities. The kids in the outdoor playgroup were 23% less likely than their peers to develop nearsightedness during that time. About 30% of Americans are nearsighted, and the condition usually starts in school-age kids. Sunlight stimulates the release of the brain chemical dopamine in the retina. Researchers believe this helps prevent nearsightedness.

Source: JAMA

55.5% of Americans exercise three or more days per week. That's the highest number in seven years.

Source: Gallup



VEG OUT

Have you ever tried to make broccoli seem more appealing by serving it alongside a slice of pizza? That might backfire. In a study of kids who get school lunches, researchers found that they were less likely to eat their least favorite vegetables when the veggies came with their favorite entrées, like chicken nuggets or cheeseburgers. Kids ate more green beans, for example, when paired with a not-so-seductive deli sandwich. Try serving your kids' favorite main dishes with veggies you know they'll eat, and use the harder-to-swallow ones to accompany less distracting entrées.

Source: Food and Nutrition Sciences

WebMD.com

Hot Hits

What's trending on WebMD.com right now*

Why is turmeric good for me?

Symptoms of postpartum depression

Benefits of acupuncture

100-calorie snacks

Best birth control

Famous schizophrenics

Cold feet

Cancer-fighting foods

Yoga for beginners

Teen beauty tips

*as of Nov. 1, 2015



CLUB MED

The heart-healthy Mediterranean diet could also help prevent breast cancer.

More than 1,000 women ages 60 to 80 followed the diet—lean protein, lots of fruits and veggies, nuts, legumes, whole grains, and healthy fats like those in olive oil and salmon—for five years.

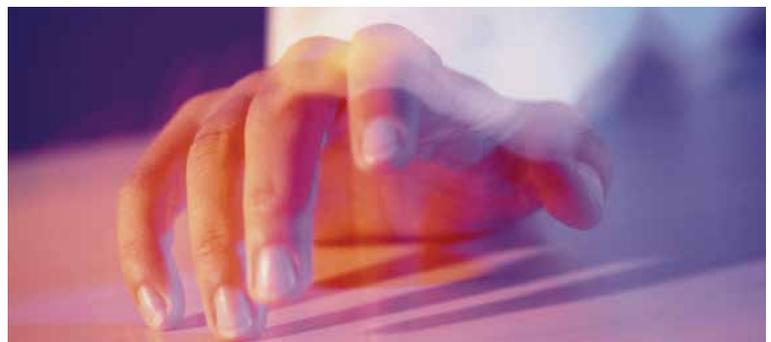
They got 20% of their daily calories from extra virgin olive oil. Another group of nearly 1,000 women were told to eat a reduced-fat diet. Those in the Mediterranean group were 62% less likely to develop breast cancer than those in the other group.

Source: JAMA

BUSY BODY

Stop fidgeting! That's one piece of motherly advice you might want to ignore. Among more than 12,000 women, those who sat for seven hours a day were 30% more likely to die during a three-year period than those who sat for less than five hours a day. But women who fidgeted during those seven hours were exempt from this risk. All that toe-tapping and finger-drumming counteracted the sitting.

Source: American Journal of Preventive Medicine



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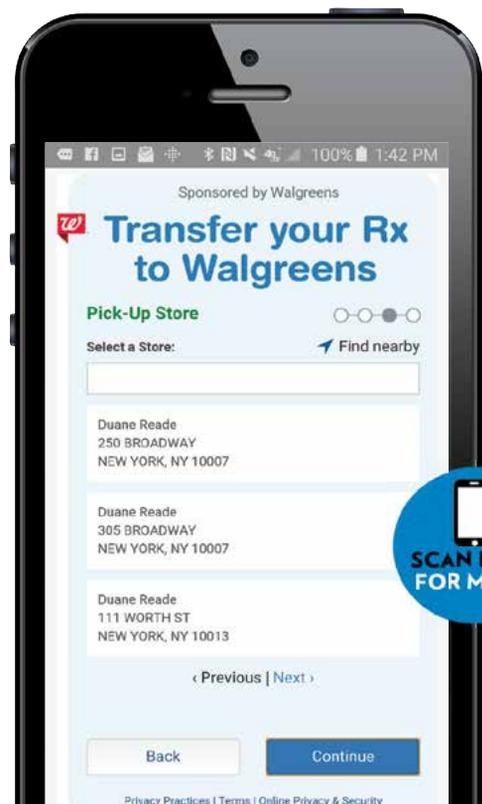
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1 in 3
Number of U.S.
kids ages
2 to 19 who
eat fast
food daily

Source: CDC



Context Clues

Text messages may one day send more meaningful information than “I’m on my way,” according to a study of 700 people with heart disease. For six months, half the study participants received four text messages per week tailored to their needs, such as encouragement to quit smoking or get out for a daily walk. The others got normal care. At the end of the experiment, the text group had lowered their cholesterol and blood pressure levels more than the other group. They also did better at losing weight, exercising, and quitting smoking.

Source: JAMA

Whether you have five pounds to lose or north of 50 or more, weight loss may very well top your New Year’s resolutions list. So far, so good. But the “how” to dropping pounds consistently and effectively can be mysterious.

Do your genes and family history matter? What about your gender—do men have an advantage, losing weight more easily than women? What about diet—are all calories equal?

None of this is an exact science—even for science. “Amazingly, in this era of obesity, there are still many things that we really don’t know,” admits one expert we talked to.

Nevertheless, our story on page 40 zeroes in on what researchers do know, such as how many calories you really need per day to lose pounds, where those calories should come from, how genes play a role, and the truth about weight loss for men versus women.

Find more information and support online at webmd.com/weight-loss-mysteries.

We shed light, you shed pounds. Good deal.

Healthy, happy new year,

Colleen

Colleen Paretty
Editorial Director
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CONNECT THE DOTS

Your skills and experiences leave their mark on your brain. Researchers analyzed brain MRIs and personal information on 461 people. They found 200 brain regions associated with classically “positive” traits, such as strong memory, large vocabulary, high income, and education. In the MRIs of people who had the positive traits, many of those brain regions activated simultaneously, suggesting strong connections between the varied regions. The people who ranked high in negative traits—anger, rule-breaking, substance abuse, poor sleep quality—didn’t have these connections. But that doesn’t mean brains are hard-wired, the researchers say. Brains change. For example, improving skills like vocabulary can strengthen connections between related brain regions.

Source: Nature Neuroscience



CASE STUDY

How long have you had that contact lens case? Some 82% of lens wearers cling to their cases for more than the recommended three months. In fact, more than 99% are guilty of at least one of the cardinal sins of lens use. More than half top off the solution in the case rather than completely replacing it. About that many people sleep in their lenses, too. Each of these indiscretions quintuples your risk of an eye infection.

Source: CDC



Happy Meal

Predominantly plant-based diets, including the Mediterranean diet and a mostly vegetarian diet, could help prevent depression. Researchers followed 15,000 people in Spain for 10 years. Both moderate followers of the Mediterranean diet and part-time vegetarians were about 25% less likely than their peers to develop depression during the study period. Want to try it? No need to take it to extremes. Strict followers of these regimes didn't enjoy any more benefits than their more moderate peers.

Source: BMC Medicine

30%



Teen e-cigarette users who will move on to tobacco cigarettes within six months. That's four times as many as among teens who haven't tried e-cigs.

Source: JAMA

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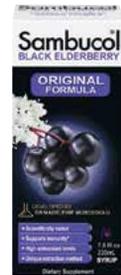
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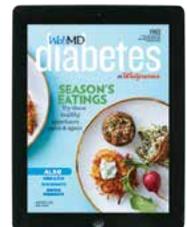
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Friend Request

As an adult, developing friendships can be challenging. But difficult as it may be, you can find and nurture the friendships that make life a happier, more meaningful journey. Here's how. **Be a good friend.** Trite as it may sound, to have a good friend, you must be a good friend. Truly listen and be respectful, supportive, and caring. In your interactions, be reliable and trustworthy. **Commit to regular activities.** Forming friendships takes time and exposure. If you do something on a regular basis with others, you create an opportunity for friendships to develop. Walk after work weekly with an acquaintance, for example, or go to a monthly book club. **Be persistent.** If you've been hurt by a friend in the past, consider whether you've learned something about how you might approach friendships differently. Allow yourself to mourn, but don't shut down enjoying the closeness of people in your life. **Adjust your expectations.** You may want friendship to provide support, connect around deep issues, and help you out in practical ways. Keep in mind that you are unlikely to find one person to fill all those roles.—*Leslie Becker-Phelps, PhD, WebMD's Relationships blog*

Weight Watcher

We pound the pavement to get expert answers to your pressing health questions

Photograph by Chuk Nowak

FIRM UP

"Retinol is a good ingredient to look for because it stimulates collagen production, giving skin a firmer appearance. You can find a lot of great retinol products at the drugstore. Look for one that is moisture-based so you don't dry out your skin. Amino acids called peptides also stimulate collagen production. Pentapeptides, which are made up of five peptides strung together, are especially effective."



Debra Jaliman, MD
assistant professor of dermatology, Icahn School of Medicine at Mount Sinai and author of *Skin Rules: Trade Secrets From a Top New York Dermatologist*

ABOVE WATER

"Drinking plenty of water keeps you hydrated, which is key for workouts. If you're not sure you're getting enough water, check that your urine is fairly clear. The general guideline for women your size is to take in about half your body weight in ounces or, for you, 70 ounces of fluid daily. Eating foods rich in water, like fruits, vegetables, and soups, counts toward meeting your fluid needs."



Kathleen Zelman, MPH, RD, LD
WebMD director of nutrition

BODY CHECK

"Muscle doesn't weigh more than fat, but a pound of muscle takes up less space than a pound of fat. So when you build muscle, your weight may stay the same but you appear smaller. Even with muscle development, keep your weight in the healthy range. If you need to slim down a bit more, tweak your diet and keep up the great workouts."



Michael W. Smith, MD
WebMD chief medical editor

GOOD NIGHT

"Sleep is about consistency. If you go to bed and wake up at the same time every day, including the weekends, you'll win half the battle. Next, avoid caffeine after 2 p.m. and stop drinking alcohol within three hours of lights out, because they can affect sleep quality. Finally, get 15 minutes of sunlight each morning to help reset the circadian clock—your body's natural sleep-wake cycle."



Michael Breus, PhD
diplomate of the American Board of Sleep Medicine and author of *The Sleep Doctor's Diet Plan: Lose Weight Through Better Sleep*

SUPPORT SYSTEM

"A bra that offers encapsulation supports each breast individually. This, combined with a snug-fitting band and adjustable shoulder straps, will give you a customized fit. A well-padded underwire can boost support even further. Be sure to buy the right band and cup size. When you try on the bra, run in place or do jumping jacks to make sure the bra is comfortable and offers firm enough support."



Janet Hamilton, MA, RCEP, CSCS
registered clinical exercise physiologist and running coach with *Running Strong*

WEBMD ON THE STREET

Sherlonda Tyrus

Personal trainer and nail technician, 40
Southfield, Mich.

Seat belts were the last straw for Sherlonda Tyrus. She wanted a ride in her dad's new Corvette but couldn't get the belt fastened; on a flight to visit colleges with her daughter, she almost had to ask for an extender. At 325 pounds, she'd reached her limit. "Both events really crushed me because I realized I was too big," she says. In 2011, Tyrus committed to losing weight. She enrolled in boot camp, cut out junk food, and dropped 145 pounds. "I started seeing the weight come off and the clothes sizes come down, and I was super excited." One downside to losing so much weight is the loose skin left behind. She asks, "Which products can help my skin look tighter and firmer?" Though she dropped a few bra sizes, at 34DD she still needs extra support. "I get uncomfortable sometimes when I exercise, especially when I do a lot of jumping." As part of her healthier lifestyle, Tyrus drinks more water but she's not sure it's enough. Juggling four children and two jobs keeps her busy from 4 a.m. to 9 p.m. "How can I make sure I rest enough when I have such a busy schedule?" Despite five years of consistent training, Tyrus hasn't hit her goal weight, and wonders if muscle has tipped the scales against her. "I've heard muscle weighs more than fat. Is that true?" —**Stephanie Watson**

Want to be the next WebMD on the Street star? Tweet us your health issues at @WebMD. We might come to your city!

Cold Shoulder

In this installment of **The Comeback** series, WebMD takes a look at a professional athlete's shoulder dislocation, treatment, and recovery

BY MATT McMILLEN

● On April 26, 2015, the Cleveland Cavaliers advanced to the second round of the NBA playoffs, but the team would finish the season without star forward Kevin Love. In the first quarter of the game, Love and Boston Celtics center Kelly Olynyk became entangled as they fought over a rebound. The struggle wrenched Love's left shoulder from its socket. A few days later, he underwent surgery to repair the injury and began a six-month recuperation.

Grizzlies and immediate past president of the American Academy of Orthopaedic Surgeons.

Azar compares the shoulder joint to a golf ball on a tee—the ball's bigger than the socket. While its form allows for significant range of motion, that range does have limits. A rim of cartilage, called the labrum, holds the ball in place. Ligaments attached to the labrum keep the ball (the humerus, part of the upper arm bone) in the socket (the glenoid fossa of the



ANATOMY OF A SHOULDER

Three bones make up the shoulder: the shoulder blade (scapula), the collar bone (clavicle), and the arm bone (humerus).

The major joint of the shoulder is the glenohumeral joint. It includes the humeral head, which sits in the socket (the glenoid of the scapula) like a golf ball on a tee. Dislocation occurs when the ball is wrenched from the socket.

The labrum, a layer of cartilage that holds the ball in place, often tears when a dislocation occurs.

The younger and more active the player, the more likely he or she will suffer another dislocation.

NBA players do not often dislocate their shoulders. During the past 20 years, only two professional basketball players per season underwent surgery to repair them.

"They're not nearly as common as we see in a contact sport like football, but we do see them," says Frederick Azar, MD, team physician for the Memphis

scapula), while muscles like the rotator cuff surround the joint.

"When the shoulder dislocates, the ball slips out of the socket," Azar explains. "When it does so, it can tear the labrum and/or the ligaments."

Azar estimates that 90% of dislocations are anterior, meaning the joint has slipped forward. When that happens,



they very frequently tear the anterior inferior labrum. That's just what happened to Love, now 27.

"If you think of it like a clock, Love looks like he tore it from 6 o'clock to 9 o'clock," Azar says.

Game Changer

Once the shoulder undergoes such an agonizing injury, it becomes less stable and more prone to future dislocations. And the younger and more active the player, the more likely he or she will suffer another dislocation. Only surgery lessens the likelihood of future injury for athletes at Love's level.

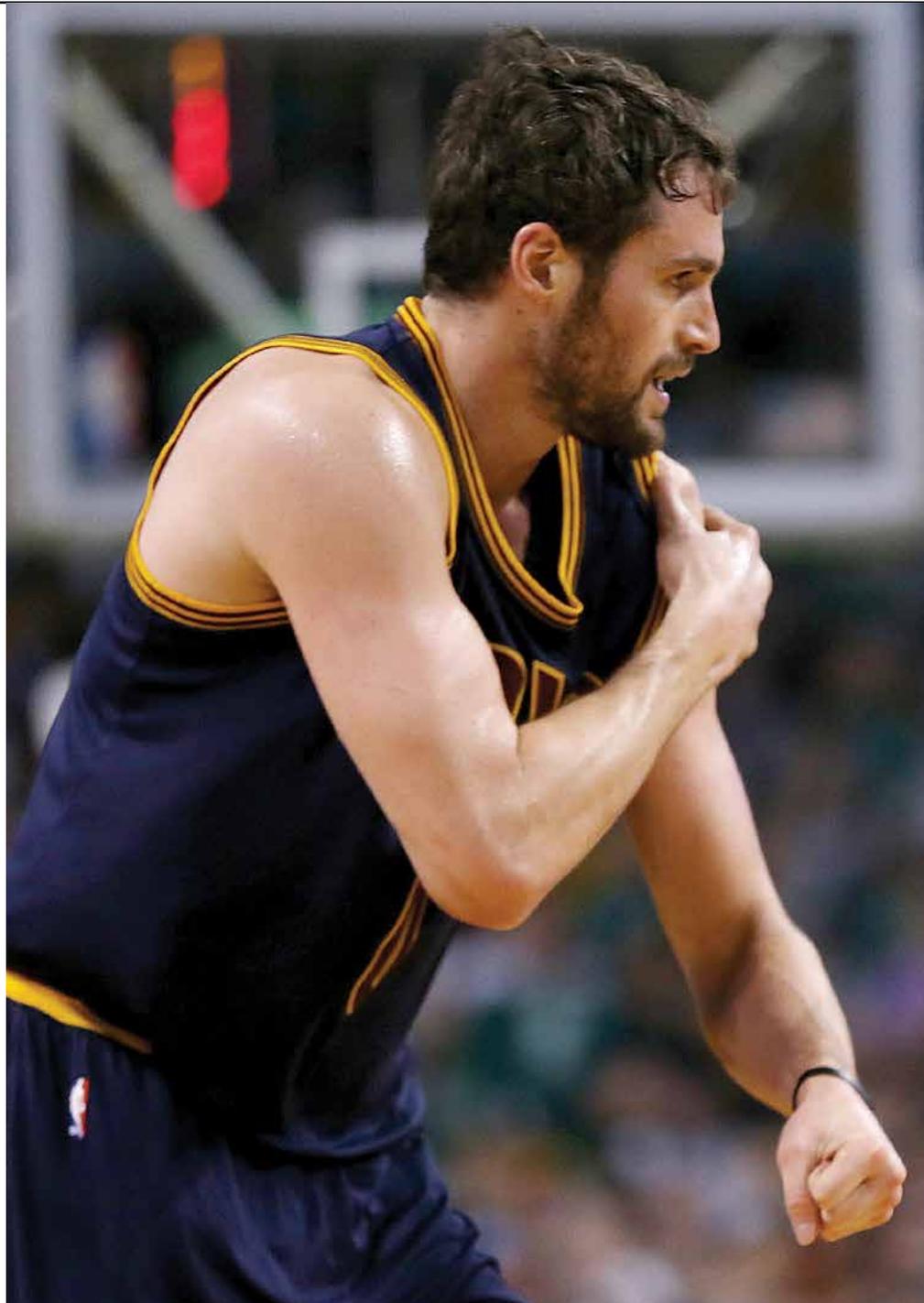
"If you don't fix it right away, you may be able to get back in the game in about 14 days, but there's a risk of recurrence," says Chicago Bulls team physician Brian Cole, MD. "In collision sports, some studies cite recurrence rates of 90%."

Before they evaluate the injury, doctors must put the shoulder back in the socket, a painful procedure that often requires sedation. Once done, they'll image the shoulder.

"We do an X-ray to make sure the shoulder is back in the socket and an MRI to get a road map of the particular pathology, the damage done," says Azar, who adds that a CT scan also may be needed for pre-op planning. "Then we counsel the patient on what the next steps might be."

Cole says the decision to have surgery most often comes down to when, not if, and many factors will contribute to that decision: the extent and type of the injury, as well as where the player is in the season and in his contract.

"It's a very personal, very individualized decision," Cole says. "Kevin had to decide to get it fixed in-season or to



wait. He did it at an interesting time—during the playoffs."

The surgery, say both Azar and Cole, is most often a straightforward procedure. Patients undergo a general anesthetic, after which the surgeon drills 1-centimeter holes into the joint, one for a camera to guide the procedure and the others through which to thread the permanent sutures that will hold the labrum and capsule in place

in the socket. The minimally invasive procedure allows surgeons to repair the joint without having to cut through the rotator cuff muscle.

Back to the Court

Azar says 90% of the pro basketball players who have undergone this surgery in the past 20 years have returned to the game at their pre-injury level of play or better. However, surgeons can't



Explore this series further with videos and articles at webmd.com/getbackinthegame.
LEARN HOW ON PAGE 4



Exactly six months after his injury, Love was back in the game on opening night of the season, as the Cavs met the Chicago Bulls.

TIME TO OPERATE?

When professional athletes such as basketball or football players suffer a dislocation, surgeons need to operate to restore them to their previous level of play. For the rest of us, surgery may not be necessary.

You may need surgery if you are age 25 or younger and quite active in sports and/or other physical activities; both your age and your activity level put you at risk of recurring injuries without surgery; you have tried rehab and strengthening exercises but continue to have shoulder instability that prevents the joint from holding the shoulder in place; or you have tissue damage, caused when the ball of your shoulder violently separated from your socket, severe enough to require repair.

You may not need surgery if you have a partial dislocation—a stretch injury that most often heals on its own with activity modification, physical therapy, and time; or you are older than age 25 and not an athlete who plays contact or collision sports, such as basketball, football, or hockey.

Surgery takes about 30 to 90 minutes, and most patients go home the same day. The road to recovery begins right away.

“The art of getting an athlete back to play involves a lot of different factors, and there’s no cookbook approach,” Cole says. “They start rehab immediately, but avoid the things that could re-injure them.”

For the first six to eight weeks—the time it takes for the tissue to heal—athletes wear a sling to immobilize the shoulder and focus on exercises that won’t interfere with the healing process: leg extensions, stationary bike riding, safe range of motion movements, and some core work. By the eight- to 12-week mark, they can usually begin light dribbling exercises and running.

Within four to six months, after a program of gradual strength building, recovering players graduate to making shots, noncontact basketball moves, and, finally, five-on-five contact drills.

Love, exactly six months after his injury, was back in the game on opening night of the season, October 27, as the Cavs met the Chicago Bulls. His experience with the surgery and rehab, Cole says, was typical.

“Success rates are high. In the scheme of things, it’s one of the more predictable things we do in terms of getting an athlete back to play.”

guarantee success, and complications, while rare, may occur.

“The most common complication is recurrence, and that’s what we all worry about, especially in collision athletes,” Cole says.

The surgery may also result in a loss of some rotation, or the ability to move the arm away from the body. “If that happens,” Cole says, “it can compromise certain athletes, especially pros.”

Reviewed by **Michael W. Smith, MD, CPT**
WebMD Chief Medical Editor



WOMEN'S HEALTH

Magic Moment

BEING PRESENT IS A GIFT IN ITSELF. LEARN HOW MINDFULNESS BRINGS MENTAL AND PHYSICAL BENEFITS

By Sonya Collins

● You're on a conference call while
● responding to an email and eating
● your lunch. Sound familiar? Most people divide their attention between several tasks at once without being truly engaged with any of them. But your health could suffer as a result.

If you want to jump-start your health in the new year, then just *be*. Mindfulness—the art of being fully present in the moment—may bring mental and physical health benefits.

“There’s consistent evidence that mindfulness reduces stress, depression, and anxiety, and that flows into other things,” says Karen O’Leary, PhD, a researcher in applied psychology at University College in Cork, Ireland. “It has associations with physical benefits, too.” O’Leary studies mindfulness as a way to improve women’s quality of life during pregnancy, reduce labor pain, and improve their babies’ birth weight.

The concept of mindfulness comes from ancient Buddhist meditation, but Westerners often practice a modern, secular form. Usually starting with deep focus on the breath, a mindful person pays full attention to the present moment and all the thoughts, feelings, and sensations associated with that moment. “You don’t judge the moment as good or bad,” O’Leary says. “You just live it, with the knowledge that it will soon pass.” During that moment, she says, let go of any thoughts about the past, the future, or anything other than now.

What benefits does mindfulness offer? Plenty, according to recent research. It can better your test scores and working memory—the type of memory you use to do a math problem in your head. Mindfulness may help improve depression,



GET STARTED

WANT TO TRY MINDFULNESS YOURSELF? RESEARCHER KAREN O’LEARY, PHD, SUGGESTS A 10- TO 20-MINUTE “BODY SCAN” MEDITATION.

Sit up straight in a chair with both feet on the floor and your hands on your thighs. Close your eyes.

Pay attention to your breath as you inhale and exhale.

Focus on your forehead, then the bridge of your nose, your cheeks, and so on down the body till you reach your toes.

As you go, focus only on the sensations in one part of the body and let all other thoughts go.

With practice, you can apply this level of awareness and attention to any of the activities in your daily life.

anxiety, and sleep quality. Mindful people might have lower blood pressure, lower blood sugar, and better heart health. One study found that people who got a flu vaccine after eight weeks of mindfulness training developed more antibodies against the flu than those who only got the vaccine. It may relieve symptoms of irritable bowel syndrome and cut down on migraines, too.

It could also reduce pain—or at least your perception of it. “Mindfulness trains people not to dwell or ruminate on the pain,” O’Leary says.

What do many of these conditions have in common? Stress. “Two main components of mindfulness are an openness to all experience and an acceptance of all feelings and sensations, whether good or bad,” O’Leary says. “That practice can help reduce stress.”

Reviewed by **Patricia A. Farrell, PhD**
WebMD Mental Health Expert



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Newsletter at WebMD.com.

LEARN HOW ON PAGE 4

MEN'S HEALTH

Tied Up?

VASECTOMIES GET A BAD RAP.
OUR EXPERTS CLARIFY SOME
COMMON MISPERCEPTIONS

By Lisa Marshall

● Among the safest and most foolproof forms of birth control, a vasectomy takes about nine minutes to complete, is often covered by insurance, and may be more reversible than once believed. Yet, 70 years after its introduction, the procedure remains a hard sell, even among older men who are sure they don't want children, doctors say.

While female sterilization is far more costly and risky, women are two to three times more likely to have their "tubes tied" than men are to have a vasectomy. Even among people who say they intend to have no more children, only 16% of men have had a vasectomy, while 44% of women have undergone a tubal ligation.

Despite surgical advances that reduced complications and recovery times, U.S. vasectomy rates have remained flat since the 1990s. In some areas, like the United Kingdom, they're declining sharply.

"The problem with vasectomy is the fish stories surrounding it," says Paul Turek, MD, a reproductive health specialist in Beverly

Hills, Calif. "The pain during and after tends to be exaggerated." Also, contrary to popular belief, a vasectomy doesn't affect a man's sexual performance, semen volume, or libido, says Tobias Köhler, MD, associate professor of surgery in the urology division at Southern Illinois University School of Medicine. Nor does it (as some debunked studies suggested) boost risk of prostate cancer or dementia, he says.

In 1% to 2% of cases an infection, hematoma, or lingering pain can occur, requiring antibiotics or a second surgery. In about one in 2,000 cases, the vasectomy fails, resulting in pregnancy, either due to surgical error or because the vas deferens (the tube that carries sperm) spontaneously reconnects. By comparison, condoms fail 18 in 100 times.

Roughly 6% of vasectomized men request a reversal, a complex, \$10,000 to \$15,000 surgery that involves reconnecting the two ends of the vas deferens. One study of 1,300 reversals found that among men who had their vasectomies within the past 15 years, 93% had



ASK YOUR DOCTOR

How many vasectomies have you performed?

If the answer is fewer than 100, look elsewhere, says Tobias Köhler, MD.

What do you do in case of a complication? Look

for a doctor who has the expertise to handle an infection, hematoma, or corrective surgery without referring you elsewhere.

What method do you use? Some doctors use

a scalpel and needle. Some use a no-scalpel, no-needle method. Pick the method you're most comfortable with and a doctor with plenty of experience. (Note: 75% of vasectomies are performed by urologists, according to the American Urological Association.)

What insurance do you take? Your insurance

company may cover the procedure.

ample, mobile sperm again afterward. Even among those who'd had their vasectomies more than 15 years earlier, the rate exceeded 75%.

The older the vasectomy, the more complex the surgery may be, Turek says. Still, the "reversibility" of vasectomy has improved so much that Turek (and some other urologists) believe that in some cases, if he can afford it, a younger man might consider having one now, then having it reversed if and when he decides to have kids.

But Köhler says this approach is "unwise." He cautions that just because sperm is flowing, pregnancy isn't a given. For men certain they're done having kids, a vasectomy can't be beat, Köhler says. His advice to everyone else: Don't rush into it.

Reviewed by
Michael W. Smith, MD
WebMD Chief Medical Editor



Helping Hands

Whether you live in a cold, windy climate or plan a ski trip this winter, exposed skin on your hands becomes super sensitive to dryness and cracking in chilly temperatures. Joel Schlessinger, MD, a dermatologist in Omaha, Neb., has a few strategies to help prevent moisture loss and irritation. **Stock up on shea butter**, which contains fatty acids and vitamins that help moisturize and keep the skin resilient. **Fight the urge to wash your hands with hot water**, as it strips away the skin's natural oils that are key for keeping hands healthy. Use lukewarm water instead. **Apply lotion after washing your hands**, and do it before you even reach for a paper towel—it's the best way to lock in moisture. Even better? Use a moisturizer infused with lactic acid, which provides exfoliation benefits but is gentle enough to use in harsh, cold climates. **Use a gentle cleanser when you wash your hands**, avoiding fragrance and antibacterial soaps that dry out skin. Look for a cleanser that contains hydrating ingredients like ceramides, glycerin, and hyaluronic acid.—*Ayren Jackson-Cannady*

YOU ASKED

Flake Out

WHAT'S THE BEST WAY TO EXFOLIATE FROM HEAD TO TOE?
AN EXPERT WEIGHS IN WITH PRODUCT PICKS AND TIPS

By Ayren Jackson-Cannady



FACE

1 Smooth Move First Aid Beauty Facial Radiance Polish (\$24)

"Exfoliating helps out with multiple cosmetic goals: It removes 'dead' old skin cells. It smooths the texture of skin, which gives an overall glow to the skin. This paraben- and fragrance-free face scrub is made out of shea nut shell, yet it's gentle enough to use regularly."

2 In the Mix Jan Marini Bioglycolic Bioclear Lotion (\$60)

"This unique mixture of glycolic and salicylic acid also contains azelaic acid, known to have multiple therapeutic properties, such as decreasing inflammation, lightening pigmented spots, and reducing acne-like eruptions."

3 All-In-One PCA Retinol Renewal (\$88)

"For those who have trouble tolerating a prescription retinoic acid, retinol products can have similar effects. This product is especially good because it also contains antioxidants to protect against environmental and solar damage, as well as emollients to replenish and moisturize the skin. It's a great one-stop product for the face."

BODY

4 Star Wash Glytone Exfoliating Body Wash (\$32)

"Bathing is routine, so by swapping in a therapeutic wash like this one that's infused with skin-polishing glycolic acid, you don't have to add any extra steps to your regimen. Bonus: Most people can safely use this on their face."

5 Brush Off Clarisonic Brush (\$99)

"Smooth out rough patches with this device, which you can use on the entire body while showering along with a cleanser of your choice. This handheld brush oscillates at a very high frequency, equating to thousands of brush strokes on the skin."

6 Dry Spell CeraVe Renewing SA Cream (\$16.25)

"This skin-sloughing moisturizer contains a time-tested and true exfoliant: salicylic acid. But it also has ceramides, proteins that repair a broken skin barrier and boost the hydrating effects. This is important for chronic skin conditions driven by dryness, such as keratosis pilaris and eczema."



Robert J. Casquejo, PA-C
owner, Skin and Cancer Center of Scottsdale, Arizona

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Reviewed by
Karyn Grossman, MD
WebMD Skin Care Expert



What's the Best Way to Brighten Your Skin? Take the quiz at WebMD.com.
LEARN HOW ON PAGE 4



**HEALTHY
BEAUTY**



BEAUTY SMARTS

Get Even

SEEING SPOTS? HYPERPIGMENTATION IS LIKELY TO BLAME. HERE'S WHAT YOU CAN DO TO CORRECT AND TREAT IT

By Liesa Goins

● No one likes marks on their record—or ● complexion. You've heard words like melasma and liver spots. Both refer to the same condition: hyperpigmentation.

"Uneven pigmentation is a response to cell injury," says Carl R. Thornfeldt, MD, a dermatologist in Fruitland, Idaho. "Damage due to inflammation, UV exposure, and other environmental insults causes the cells to produce more pigment to protect themselves." Fluctuations in estrogen levels (due to birth control pills or pregnancy) can also affect melanin production.

This results in uneven pigmentation, a common condition that can affect any skin tone, "but in different ways," says Elizabeth Tanzi, MD, founder and director of Capital Laser & Skin Care and assistant clinical professor of dermatology at George Washington University in Washington, D.C. Lighter skin tones tend to develop freckles and sun spots while darker skin looks shadowed or patchy, she says.

Since the causes of uneven pigmentation

are so common—and the demand to correct the condition are so high—many options exist for treating brown spots and patches. But you can't treat all spots equally. Before you pick a course of action, see your dermatologist, Tanzi advises. Ingredients can be harsh and irritating, so seek advice about which to use and how to use them safely and effectively.

One option is hydroquinone, a prescription topical cream that slows down the pigment-making mechanisms in the skin, Tanzi says. "Hydroquinone is one of the strongest and most effective brightening agents we have," she explains. But at high concentrations it can be toxic to the skin, she adds. (Some countries have banned it; in the U.S., most doctors think a low dose is safe but closely monitor patients.)

Doctors usually prescribe a 4% hydroquinone cream, and a 2% version is available over the counter. "Hydroquinone can be irritating and can actually increase pigmentation if used for too long, so I have



BEAUTY 411

What's all the hype about coconut oil?

The organic movement has led many people to seek unprocessed, natural options. That's what makes coconut oil so appealing: It contains a single ingredient, is free of synthetic additives, and is readily available at grocery stores.

People use coconut oil as shaving cream, a base to make a scrub, an eye cream, and a makeup remover. Other cultures have used coconut oil for centuries in skin and hair care.

Studies show that it reduces water loss and helps strengthen the skin's barrier function, which helps it retain moisture. Plus, coconut oil contains lauric acid, a natural antibacterial agent. This makes it a great option for people with eczema or who are prone to skin infections.

The downside is it penetrates skin so effectively that it can clog pores, which can aggravate breakouts. And it doesn't have the staying power of heavier moisturizers, so anyone with severely dry skin will need another option.

*—Papri Sarkar, MD
Brookline Dermatology
Associates, Brookline, Mass.*



patients take a ‘holiday’ every three months and use other lightening agents,” Tanzi says. Your doctor may suggest alternating hydroquinone with over-the-counter (OTC) treatments to limit irritation and avoid an adverse reaction.

Retin-A (tretinoin) and steroids may be prescribed in addition to or in place of hydroquinone, but they might not work as well, says William Rietkerk, MD, an associate professor of dermatology at New York Medical

College in Valhalla, N.Y.

That’s why he says he suggests his patients try OTC options rather than hydroquinone. “The non-prescription products don’t have the same risk of complications and are still effective at reducing pigmentation.” One of the best is kojic acid, Rietkerk says. “It is a very effective pigment reducer that you can use continuously without the risk of the side effects that can come with hydroquinone.”



AISLE DO

PRODUCT PICK

Avène Akérat Smoothing Exfoliating Cream (\$31)

EXPERT

Carolyn I. Jacob, MD
founder and medical director,
Chicago Cosmetic Surgery and
Dermatology

“Here in Chicago, feet become a mess in the wintertime. The skin gets dry and cracked due to the lack of humidity—at least we have boots on!

You have to use a moisturizer. Even though it’s a lotion designed for keratosis pilaris, this cream contains humectants that hydrate and trap water in the skin, so it works very well on dry feet. For moisturizers to penetrate you need to exfoliate, and this one contains salicylic acid and lactic acid to exfoliate the skin as well as urea to soften thick skin. I suggest using a pumice stone in the shower first, then applying this on top of damp skin for the best results.”

UNDER COVER

PIGMENTATION DOESN’T HAPPEN OVERNIGHT—IT’S THE RESULT OF CUMULATIVE SUN DAMAGE, DERMATOLOGIST ELIZABETH TANZI, MD, EXPLAINS. HERE’S HOW TANZI TELLS HER PATIENTS TO PREVENT HYPERPIGMENTATION.

Seek shade. “I always talk to my patients about avoiding the sun,” Tanzi says. Whenever possible, stand in a spot out of direct sunlight—even little things, like crossing to a shadier side of the street, matter.

Never skip SPF. “You have to wear an SPF 30 sunscreen every day,” Tanzi advises. Every UV ray that hits your skin causes damage, she says. And the damaging rays can penetrate clouds and glass, so you always need SPF protection.

Wear a hat. A wide-brimmed hat will shield your face, the area most prone to hyperpigmentation, Tanzi says. You need that physical protection from the sun. And a hat is a key accessory if you’re undergoing treatment for hyperpigmentation. “You have to wear a hat every day; otherwise, a topical cream won’t do anything,” Tanzi warns.

Vitamin C is another popular treatment. Studies show vitamin C can help brighten skin and fade hyperpigmentation much like hydroquinone, but without as much irritation. “Look for high levels of magnesium ascorbyl phosphate in the ingredients of a brightening treatment,” says Renée Rouleau, a Dallas-based celebrity aesthetician who treats hyperpigmentation. This form of vitamin C stays stable, so it’s more effective.

Other OTC options that may improve hyperpigmentation include soy, niacinimide, ellagic acid, arbutin, and licorice, according to some research results. Your doctor may combine one of these treatments with hydroquinone to minimize reactions and irritation.

“Most people forget that uneven pigmentation doesn’t have a quick fix,” Thornfeldt says. “The damage occurs deep in the skin and takes time to come to the surface, which means reversing the damage can also take time.” That’s why the most effective treatment for uneven skin tone might be patience.

Reviewed by
Mohiba K. Tareen, MD
WebMD Skin Care Expert



Read **Tips for Finding the Right Dentist** at WebMD.com.
HEALTHY BEAUTY
LEARN HOW ON PAGE 4

YOUR SMILE

Wise Words

HOW KNOWLEDGEABLE ARE YOU ABOUT WISDOM TEETH? A GUIDE TO WHAT YOU NEED TO KNOW

By Kara Mayer Robinson

● Wisdom teeth aren't very practical. You don't need them to chew. Because they're so far back in your mouth, it's hard to keep them clean. Many people have them pulled. But should you? Gregory M. Ness, DDS, professor of oral surgery at the Ohio State University College of Dentistry, shares the facts.

Wisdom teeth usually push through your gums during young adulthood. But it can happen earlier or later, Ness says. Or they may become impacted, which means they get stuck in your jawbone and don't pop through your gums at all. They don't always develop perfectly—they may grow in partially or at an angle.

Some dentists advocate taking wisdom teeth out before they cause problems. Others think it's OK to keep them if they've grown in normally, they're pain-free, and they're healthy—but only if they're in a position where you can clean them well.

That last caveat is the tricky bit; they're tough to keep clean. That can lead to problems like infections and gum disease. You can get a cavity in your wisdom tooth or an infection in the gums. You may develop a pocket around your wisdom tooth



that collects germs, which can then spread to harm nearby teeth.

If you have signs of problems, like pain, tooth decay, gum disease, infections, cysts, or damage to nearby teeth, removing your wisdom teeth might be prudent. If not, “a lot of people look at it as a sleeping dog that should be left to lie. But we know it can get ugly later,” Ness says. Your dentist can take X-rays to detect problems and help you decide what's best.

“If you're going to hang on to your wisdom teeth, particularly if they're partially exposed in your mouth, watch for pain, swelling, or

a bad taste that comes from that area,” Ness says. See your dentist regularly. Even if you have no problems now, things can change.

Do your best to keep them clean. Floss regularly, including along the back of each wisdom tooth. Most people don't think to floss there, and that's the most likely spot to cause trouble, Ness says.

If you do have your wisdom teeth removed, Ness suggests seeing a board-certified oral or maxillofacial surgeon. Your insurance plan may cover some or all of the cost.

Having your wisdom teeth pulled is usually a

DID YOU KNOW?

Wisdom teeth typically come in when you're 17–21 years old.

They're called “wisdom teeth” because they come in after childhood, when you're older and wiser.

They're also called “third molars.”

People used to think wisdom teeth crowded your other teeth. Research suggests that's not true.

minor procedure. Your doctor may give you local anesthesia, moderate sedation, or general anesthesia. The risks are low and similar to other minor surgeries. It's possible, but not common, to have an infection or bleeding after the surgery.

“Most people can expect to be at home for a few days,” Ness says. You may have some pain and swelling. Your doctor might recommend over-the-counter or prescription medication to ease any discomfort.

Reviewed by
Eric Yabu, DDS
WebMD Oral Care Expert

**PET HEALTH**

Cat Lady

By Melanie D.G. Kaplan

In February, television personality and animal activist Beth Stern will host the third annual Hallmark Channel *Kitten Bowl*, during which, she says, “macho men will cheer on ridiculously cute kittens.” When she’s not watching felines tackle each other in the end zone, Stern is the spokeswoman for North Shore Animal League America, the world’s largest no-kill animal shelter, and she and her husband, radio personality Howard Stern, are active cat and kitten foster care providers. She’s written two children’s books based on cats, the most recent of which, *Yoda Gets a Buddy*, was released in December 2015. “I don’t have human children,” she says, “so this is my purpose.”



The Hallmark Channel's *Kitten Bowl III* will air on Feb. 7.

● **What are your next animal projects after the Kitten Bowl?**

Howard and I are working on a 14,000-square-foot expansion of North Shore's existing shelter, called Bianca's Furry Friends. The space will allow the cats to live cage-free until they're adopted. Friends have been so supportive—Billy Joel donated over a million dollars, and Rachael Ray presented me with a \$500,000 check on her show. We'll break ground early this year.

Did you have animals growing up?

My parents' firstborn was a collie mix named Susie-Dog. She was our older sister and was treated like one. We also had guinea pigs and adopted cats. We'd transport hurt wildlife. I took a course on how to transport wounded wild animals a few years ago. When an animal's hurt, we don't ignore it.

Who are your rescues?

Apple, Bella, Walter, Leon Bear, Charlie Chunk, and Yoda. Bella was a blind, pregnant cat found in a junkyard, and she was on the "to be destroyed" list at a shelter. North Shore goes to these municipal shelters, and if we have the room—which we did in this case—we rescue them.

How do they get their names?

Whenever a foster comes into the house, Howard will name them. He'll say, "You are Raisin!" "You are Poundcake!" "You are Bagel!" Sometimes I think he's hungry, because so many of them are food names.

Do you have rules about how many rescues you can have in the house?

No. Whenever a cat or kitten needs us, we're there. I think more than 165 cats and kittens have come through our home, and I personally deliver them to their forever home. At one point we had 15 in our foster room. I'll hear about a cat in need, and Howard will say, "Go pick it up!" He's so supportive. He photographs them and has even been known to clean out litter boxes.

Reviewed by **Will Draper, DVM**
WebMD Pet Health Expert



PET HEALTH

Think Positive

THE SCOOP ON REWARDS-BASED TRAINING

By Jodi Helmer

● *Sit. Stay. Come. Leave it.* Teaching your four-legged family member basic commands is an essential part of raising a well-behaved and safe dog. After all, “your dog can’t be expected to know these behaviors,” says Sherry Woodard, professional dog trainer and animal behavior consultant for Best Friends Animal Society. “We have to teach them.”

Positive training, also known as rewards-based training or positive reinforcement, is one of the most effective methods of teaching commands or correcting unwanted behaviors. The reason: A reward, whether a favorite toy, a treat, or praise, increases the odds your dog will repeat the behavior.

For positive training to be successful, keep commands short. Use one word—sit, off, come, or down (for lie down).

Dogs understand tone, so be sure to request the behavior in an upbeat voice. Your dog needs to understand that he won’t be in trouble if he doesn’t get it right. In fact, Woodard believes that using a harsh tone or spanking a dog creates confusion and can lead to negative behaviors. “The dog will feel threatened, which breaks down trust and teaches fear,” she says.

Consistency is key, too. Your dog won’t understand that it’s all right to bark at strangers but not the neighbors, or recognize that he’s allowed to jump on adults but not children. If a behavior is off limits, it needs to be off limits in all situations, Woodard says. Make sure



everyone who participates in training sessions uses the same words for basic commands. Don’t say “come” and “let’s go” to request the same behavior.

When it comes to rewards, Woodard suggests skipping boring kibble and using treats like cheese or chicken, or toys that the dog really wants. “Most dogs don’t want to work for dry biscuits,” she says.

Finally, practice is essential. Start by teaching the basics at home and, as your dog gets more adept at responding to commands, move to higher-distraction activities and areas, such as neighborhood walks or the dog park. Regardless of the venue, keep training sessions short and fun.

“End a training session when your dog is still excited; if he’s tired or losing focus, it’s gone too far,” Woodard says.

Reviewed by **Will Draper, DVM**
WebMD Pet Health Expert



Get the **WebMD Baby App** to track growth and capture your baby's special moments.

[LEARN HOW ON PAGE 4](#)

BABY TALK

Prep School

ARE YOU READY TO HAVE A BABY? ASK THESE QUESTIONS BEFORE TRYING TO CONCEIVE

By Colleen Oakley

Some decisions in life are easy: Eat in or take out? Boxers or briefs? Beach or mountains? But some—like deciding when to start a family—are on a whole different level.

“Becoming a parent is a wonderful and unpredictable life-changing responsibility to another human being,” says Claire Nicogossian, PsyD, a psychologist in Rhode Island and founder of [momswellbeing.com](#). “I don’t know if a couple can ever know with 100% certainty, but my hope is for couples to feel they are mostly ready to become parents.”

Being sure that you both want a child is just part of determining whether you’re ready. Ideally, you need to consider a host of other factors, like your emotional and physical health, your job stability, your finances, and the health of your relationship. Experts suggest discussing these questions with your partner.

Are you taking care of yourself? Having a baby can be taxing, says Catherine O’Brien, LMFT, a marriage and family therapist and founder of [happywithbaby.com](#). “Getting in the habit of taking care of yourself now—meditating, going to the gym, spending time with friends—will make it easier to get back



into those practices after baby,” she says.

Are we good at communicating? Couples need to feel they are on the same team when they’re parenting, O’Brien says. “I encourage them to share with each other what their concerns are, have their partner acknowledge what their concerns are, and validate what their partner is feeling,” she says.

Do we know where our money is? “I’ve worked with many couples who do not share bank accounts with their significant others,” O’Brien says. “A lot of assumptions arise about how much money is being

brought home and where it is spent during the month.”

Lay out a financial plan—what you currently have and how you will afford future needs that come with having a baby. Will you both continue to work? Will you have a nanny or daycare? Can you afford diapers?

Whom do we have for support when baby comes home? Caring for a baby all on your own, especially in those early months, can be difficult, O’Brien says. Do you have nearby relatives and friends you can call on for help? Or can you hire a postpartum doula or night nurse? Most of all, “Don’t ever hesitate to ask for help.”

ASK YOUR OB/GYN

How and when should I stop taking birth control?

What will increase my chances of fertility?

What type of prenatal vitamin should I take?

Can I continue my current over-the-counter or prescription medicines while trying to conceive?

Reviewed by
Hansa Bhargava, MD
WebMD Medical Editor

PREGNANCY

Bottle Cap?

ARE ANTIDEPRESSANTS SAFE TO TAKE WHEN YOU'RE EXPECTING?

By Kelli Miller

● If you're pregnant (or trying) and you have depression, you might wonder if taking antidepressants could harm your baby. Spend a day surfing the Web, and the conflicting reports could make your head spin.

Some studies suggest antidepressants are dangerous for babies in the womb. Others say the risks are extremely small, and that untreated depression poses a bigger threat to both the baby and the mom.

The health risks of untreated depression during pregnancy are real. Moms-to-be who are depressed are less likely to eat well and get proper prenatal care. They're more likely to smoke and drink alcohol, and to have pregnancy complications such as preeclampsia, gestational diabetes, premature birth, and low birth weight. Taking an antidepressant may help a woman have a healthier pregnancy.

Still, "it can be very challenging for some pregnant women to admit feeling depressed," says Jennifer Payne, MD, co-founder and director of the Women's Mood Disorders Center at The Johns Hopkins Hospital in Baltimore. "Also, there's an idea that antidepressants are a luxury medicine, and women should be pulling up their

ASK YOUR OB/GYN

Should I quit my antidepressant medication if I get pregnant?

What do studies say about this specific drug and pregnancy?

Will I need special care if I take an antidepressant while pregnant?

What about alternatives to antidepressants?

Can I breastfeed while taking an antidepressant? (Ask this before the baby comes.)

confusing. For example, doctors have long prescribed fluoxetine (Prozac) to pregnant women, but that will now likely change because the same CDC report says this drug may not be so safe for babies in the womb after all. The CDC and FDA both warn that another SSRI, paroxetine (Paxil), increases the chances for birth defects. One of the most publicized risks related to these two drugs is a life-threatening condition called persistent pulmonary hypertension of the newborn, which causes severe breathing problems. Yet many review studies, including a 2015 report in *JAMA*, say the risk is "statistically insignificant."

The bottom line: Taking any medicine while you're expecting can be risky. If you have depression, talk to your doctor if possible before you conceive. Together you can weigh the risks and benefits. Sometimes, you may be able to stay on your current medicine.

"The best antidepressant to use during pregnancy is the one that keeps mothers well," Payne says.

socks and getting through their pregnancy without taking them."

Which antidepressants are safest during pregnancy? No one has a clear-cut answer. "We tend to use older antidepressants like Zoloft (sertraline) because they've been around for a long time, and if there's going to be an issue we would have seen it," Payne says. A recent CDC study confirms this thinking; it found no link between birth defects and this common selective serotonin reuptake inhibitor (SSRI).

However, the safety of other SSRIs is certainly



Reviewed by
Arefa Cassoobhoy, MD, MPH
WebMD Medical Editor



Check out **Treating Your Child's Cold or Fever**, a slideshow at WebMD.com.

[LEARN HOW ON PAGE 4](#)

KIDS' HEALTH

Fever Pitch

HOW YOU TAKE YOUR CHILD'S TEMPERATURE MATTERS. GET THE FACTS

By Erin O'Donnell

Few things set off alarm bells for parents like a child with a high fever. Yet while a fever signals that the body is fighting an infection, it's not an emergency in most instances, says Alex Okun, MD, a primary care pediatrician and medical director for New Alternatives for Children, a nonprofit child welfare agency in New York City.

"A fever may matter less than some families think," Okun says. "It's really just part of the big picture. Other signs and symptoms, and how the child's looking and doing, usually matter more." For example, few pediatricians worry if a child has a fever but is running around playing as usual. And most pediatricians don't even consider a child's temperature a fever until it reaches 100.4°F, Okun adds.

Still, if you suspect your child has a fever, some situations call for taking her temperature and tracking it carefully: when a baby is younger than about 12 weeks, when a child has a suppressed immune system due to cancer treatment or disease, if a child has sickle cell disease, or when a child uses a medical device known as a central venous catheter.

Here's a rundown of common fever-checking methods.

Oral Once a child is about 5 or 6 years old, this is an easy, accurate option. "The child needs to be old enough to hold the thermometer under the tongue, and close his mouth until the number stops changing or the thermometer beeps," Okun says.

Rectal Pediatricians consider this the most accurate option in children too young for an oral thermometer. Infants and toddlers can lie on their backs, but older children may prefer to lie on their



sides, with legs bent. Place the tip of the thermometer about a half-inch inside the rectum, and gently pinch the buttocks to hold the thermometer in place until the thermometer beeps. Label thermometers so a rectal thermometer is never used in someone's mouth.

Axillary This method involves placing a thermometer under a child's arm in the armpit. Studies show this technique is not useful if you need a precise reading, Okun says.

Ear The tympanic membrane thermometer, or ear thermometer, measures the heat given off by a child's eardrum. These thermometers may not be accurate if your child has a curved ear canal or lots of earwax.

Temporal artery The temporal artery thermometer uses an infrared scanner to measure the temperature of the temporal artery in the forehead.

ASK YOUR PEDIATRICIAN

If I think my child has a fever, should I take her temperature? If so, how?

Above what temperature should I consider my child to have a fever?

If my child has a fever, what other signs should I watch for?

When should I give my child fever-reducing medication? Which can I give her, and how much?

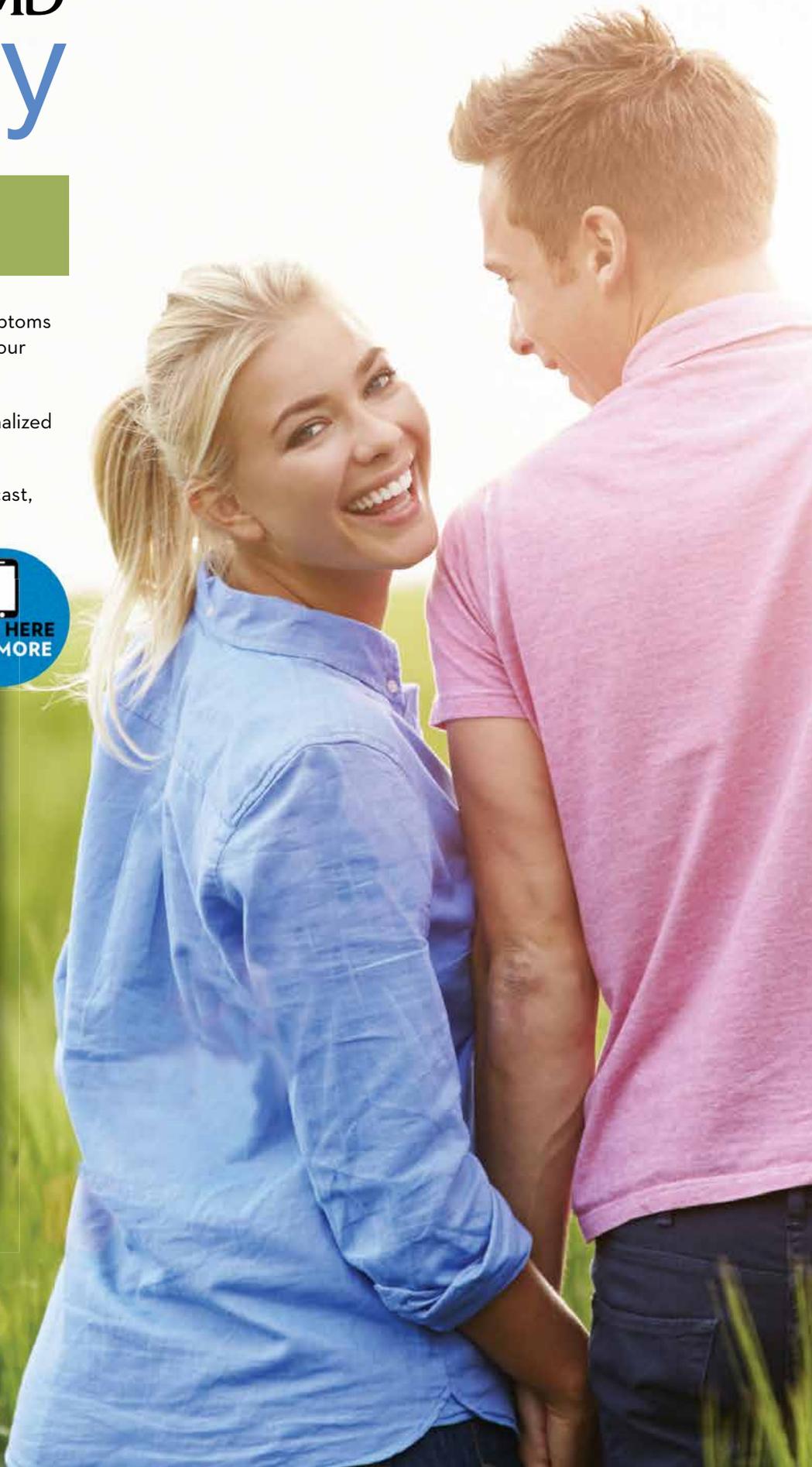
When should I call you?

Reviewed by **Hansa Bhargava, MD**
WebMD Medical Editor

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MUNNIN *Rising*

*From gaming geek to serious newsie to action hero, **Olivia Munn** has a diverse career. And she has no problem being smart, beautiful, and funny. We talk to the actor about her versatility and how she learned self-acceptance*

● BY REBECCA ASCHER-WALSH

PHOTOGRAPH BY WILLIAMS + HIRAKAWA/CORBIS OUTLINE



Olivia

MUNN

is an expert at fresh starts.

A member of a military family, she and her four siblings spent their childhoods moving between bases in Japan and Oklahoma. “I was perpetually the new kid,” she says, “and it’s always hard to have to break through those barriers. But when I would come home sad about something like girls being mean at school, my mother would just say, ‘Figure it out.’ We were never allowed to feel sorry for ourselves.

“My mom gave us the message that when something was happening to us, we were smart enough to change it,” she continues. “Whether it changes for the better or even the worse, at least you’ve tried. And that gave me a strong sense of self-worth.”

Not to mention flexibility, an attribute reflected in her diverse career. Munn, 35, has been a correspondent on Comedy Central’s *The Daily Show With Jon Stewart*, played a financial news reporter on Aaron Sorkin’s HBO series *The Newsroom*, and held her own in film comedies like Steven Soderbergh’s *Magic Mike*. Currently starring in the Kevin Hart romp *Ride Along 2* and making a cameo appearance in *Zoolander 2*, she gets in on the blockbuster action this summer with *X-Men: Apocalypse*, starring as the sword-swinging Psylocke.

A self-professed geek (she can turn any PC into a gaming rig) who has posed for the cover of *Playboy* (albeit in a bikini), Munn makes no apologies for being funny, smart, and beautiful.

SELF EVOLVED

That sense of acceptance was hard-earned. “I didn’t start out feeling comfortable with how I looked,” Munn says. “I grew up with a sister who had this very voluptuous body and other girls at school were tall and thin, and I wasn’t those things,” she remembers.

“Then I moved from Oklahoma to Hollywood, and I was showing up at auditions in my Sunday best with high heels and a dress. I’d go in with these really tall, thin girls with their jeans and ballet flats and tank tops and they made it look so effortless. So I had to figure it out because it wasn’t working

for me, but wanting to feel pretty was never a crime in my family.”

Critics were less kind about Munn’s decisions to pose for *Playboy* and *Maxim*, railing against the actor when, in 2010, she got her first big break as a correspondent on *The Daily Show*. When they claimed Munn had been hired for her beauty rather than her brains, she came out swinging and has never looked back.

“I don’t want to apologize for anything,” she says, “and I’m never going to apologize for being a woman. Men use their physicality all the time. Channing Tatum”—with whom she co-starred in *Magic Mike*—“is super talented and super smart and looks great without a shirt. But when women use everything we have, we’re exploiting ourselves and bringing other women down. What if we use everything we have, which puts us on an even playing field with men, and we don’t put each other down for it?”



Fresh STARTS

OLIVIA MUNN KNOWS WHAT IT TAKES TO START LEADING A HEALTHIER EMOTIONAL AND PHYSICAL LIFE—AND TO KEEP IT UP.

PARTNER UP.

Get motivated with a friend or family member. Munn says she’s inspired by her pro-athlete boyfriend’s healthy habits.

LOVE IT OR LEAVE IT.

Pick an exercise routine you enjoy. “Yoga and running for me are so tedious, but I love martial arts,” Munn says, “so I’ll go do kicks in the gym.”

KNOW YOURSELF.

In the past, Munn skipped working out if it was a solo activity. If you need company to sweat, choose classes.

SPEND FACE TIME.

Invest in the future by taking care of your face in the present. For Munn, that means cleansing properly and indulging in facials.

TALK IT OUT.

To keep anxiety and depression in check, “be open with your friends,” she says.

TAKING THE *Panic* OUT OF ANXIETY ATTACKS

Olivia Munn is one of about 6 million people with a panic disorder. Women are twice as likely to suffer as men. Panic attacks—an errant fight-or-flight instinct marked by a pounding heart, sweating, weakness and dizziness, and chest or stomach pain—are terrifying, but they are also treatable.

“Milder cases can be cured completely,” says psychiatrist O. Joseph Bienvenu III, MD, PhD. People with severe cases, he says, “can feel normal and function well in life.” The first step toward relief: “Talk to your doctor, and empower yourself by looking at the NIH and American Psychiatric Association websites, which have material on what we know and what you should do next.” The most effective treatments include:

Cognitive behavioral therapy

This teaches a person how to react differently to panic attacks, from practicing self-talk to deep breathing. “Even if you’re still having panic attacks, with this therapy you cannot worry about them because you’ve taught yourself you’re going to be fine.”

Medications Selective serotonin reuptake inhibitors, a type of antidepressant, can help prevent anxiety attacks. “When someone is impaired by panic attacks in their everyday life, I think about antidepressants in addition to cognitive therapy,” Bienvenu says. Benzodiazepines, or tranquilizers, are “good for stopping the physical symptoms, reduce anxiety overall, and work as soon as they are absorbed,” he says. Doctors often prescribe them in the short term before cognitive therapy and/or antidepressants have had time to be effective; they discourage long-term use because of the risk of addiction.



*“I know
what I’ve been through in my life,
and I know who I am.
You have to just keep
pushing forward.”*

Munn’s rebel yell is offset by the comedic chops she’s demonstrated professionally as well as in the Dubsplash videos she and her boyfriend, Green Bay Packers star quarterback Aaron Rodgers, have posted of the two acting out scenes from *Princess Bride* and channeling Mariah Carey. Then there is the way she approaches her failures, with a signature, sassy shrug. Of her role in the Johnny Depp-starring flop *Mortdecai* she says, “My best work was in the poster. But you take the opportunities that come along, and you don’t know what that will give you in the end.”

What she’s chasing, she says, is not a conventional path of success but one of happiness. “When I was coming off of *Newsroom*, people would say, ‘You’re doing *Ride Along 2*, huh? That’s really different than working with Aaron Sorkin.’ But I talked to Jon Stewart, who is like a big brother to me, and he said, ‘Kevin Hart is one of the best

human beings I have ever met. You don’t always need to do Sorkin or Soderbergh projects. Go do something *fun*.’

“I’m not trying to change the world with my work,” she continues. “I don’t know if I have the energy to do that. What I want to do is entertain.”

PANIC BUTTON

Munn’s confidence has been won despite many false starts, beginning with unhealthy diet habits. “I was never the weight I wanted to be,” she says. “In 2009, I lost 16 pounds because I came up with the rule of ‘If I don’t see it, I don’t eat it,’ which meant I had to actually see the ingredients. But my weight has always fluctuated.”

Then, two years ago, Munn began to have panic attacks, which, with the resulting shortness of breath, she blamed on seasonal asthma—until she passed out and ended up in the emergency room. “Half my family is

Asian, and for them anxiety, panic attacks, and chiropractors all fall into one category of ‘You’re being lazy,’” she says with a laugh. “But the doctor explained to me that life doesn’t have to be bad to have a panic attack. Your body is overstimulated, and your brain just can’t keep up with your body.”

In addition to working with a therapist, Munn began to see a hypnotist to help her manage her anxiety and the resulting trichotillomania (the urge to pull out hair anywhere on the body, including the scalp or eyelashes; in Munn’s case, it was eyelashes). The hypnotist suggested exercise as a natural way to help combat both anxiety and depression. Three days after a session when he hypnotized her to do just that, she began to work out regularly with a trainer. Her weight became more consistent, and her anxiety level decreased.

Still, “I live with anxiety a lot,” Munn says. “And I think when people have anxiety attacks we don’t talk about it, because the people who don’t understand make you feel like you’re going crazy, even when you know you’re not. But I’ve found that the more I can talk to people about it, the less alone I feel,” she continues, “and that people are more compassionate about it than you realize.”

O. Joseph Bienvenu III, MD, PhD, an associate professor of psychiatry and behavioral sciences at Johns Hopkins University School of Medicine, applauds Munn’s speaking out. “A panic attack is a fight-or-flight bodily response at a time when it’s not needed, and in addition to being terrifying, people can feel like they’re losing their minds,” he says. “So social support is huge. And talking allows people to process things and put anxiety in perspective.”



HEALTHY CHOICES

This year, Munn is focused on her overall health. The first step is discipline about exercise and accepting what works for her. “I don’t understand how people run or do yoga,” she says. “I’m so not Zen.” And when she went on location to film *Ride Along 2*, “I didn’t know how to work out by myself,” she admits, “so I put on weight.”

But when she began stunt training for *X-Men*, Munn—who earned a black belt in karate as a child—fell back in love with martial arts. She embraced the six-hour-a-day workouts, and, one month into the training, got on the scale to see she had lost 12 pounds. What worked for her, she says, is “I wasn’t thinking about getting more toned. I was thinking about getting fitter and more capable.”

Now that filming is over, she practices martial arts in her home gym. Dating a pro-football superstar provides daily inspiration. “My boyfriend is so athletic and good at everything, and it’s so much fun to watch,” she says. “This past year he’s wanting to get really healthy, so when organic is an option, we’ll both choose that.”

Above all, her focus is on finding joy. That means not just time with family, friends, and Rodgers, but time spent having honest conversations. “I know what I’ve been through in my life, and I know who I am,” she says. “You have to just keep taking the hits as they come, and keep pushing forward.”

Reviewed by Michael W. Smith, MD
WebMD Chief Medical Editor



Ever wonder why the scale won't budge? Is it your genes, your gender, or something else? We explore some weight-loss mysteries to help dieters shed some light—and weight—on their journey

STRAIGHT TALK

|| BY BRENDA GOODMAN || PHOTOGRAPHY BY ANN CUTTING

So you're finally ready to lose weight. Now the question is: How?

The standard advice—eat less and move more—isn't so helpful when it comes to the “how.” You know you need to cut calories, but how many? Are you better off getting those calories from low-fat or low-carb foods? And what's going on with your metabolism—your personal energy-burning furnace? Is it programmed to keep you overweight? Can you fan the flames enough to dream of one day eating a slice of pie without gaining a pound?

Even science is still stumped on some of the basic questions about weight loss. “Amazingly, in this era of obesity, there are still many things that we really don't know,” says Robin Callister, PhD, professor of human physiology at The University of Newcastle in New South Wales, Australia.

Here's what researchers do know about some of the most persistent weight-loss mysteries.

YOU DON'T HAVE TO CUT 3,500 CALORIES TO LOSE A POUND

The idea that dieters need to cut 3,500 calories to lose one pound of weight comes from an influential scientific paper published in 1958. Max Wishnofsky, a doctor who lived in Brooklyn, N.Y., tried to sum up everything known about how calories are stored by the body. He concluded that it would take a deficit of 3,500 calories to

lose a pound. For decades, the so-called Wishnofsky Rule has been the formula by which determined dieters live.

The trouble is that it's wrong.

The 3,500-calorie rule doesn't work because the body adjusts to weight loss, quickly decreasing the number of calories it needs to maintain a new, lighter weight, says Corby Martin, PhD, an associate professor with the Ingestive Behavior Laboratory at Louisiana State University's Pennington Biomedical Research Center.

Let's say a dieter knows she needs to eat 2,500 calories a day to maintain her weight. When she wants to slim down, she decides to shave 500 calories off her daily intake. According to the Wishnofsky Rule, after about a week of doing that, she should lose a pound. "For the first week or two, the 3,500-calories-per-pound rule kind of works, roughly, but after the first couple of weeks it doesn't," Martin says.

Here's why: In three or four weeks, the dieter needs fewer calories to maintain her new shape. "Therefore, when you're following that 2,000 calories per day, your energy deficit is no longer 500 calories. Now it's 450, then it's 425, then it's 375, then it's 200," Martin says.

"Over time, your weight loss will slow until you reach a new, lower weight plateau," he says.

Fortunately, researchers have been working to update Wishnofsky's formula. The result: new calculators, such as the Body Weight Planner from NIH and the Weight Loss Predictor from Pennington Biomedical Research Center. Enter a few key details, such as your sex, age, weight, height, activity level, and the date you want to hit your goal, and each tool will give you a more realistic daily calorie count to get you there.

CALORIES ARE NOT ALL EQUAL

So now you know how many calories you need to eat every day. But where should they come from? Is it better to cut carbs or fat? How much protein do

GENES MAY EXPLAIN AS MUCH AS 80% OF PEOPLE'S WEIGHT. BUT THE POTENTIAL TO GAIN WEIGHT AND BECOME OBESE IS IN EVERYBODY.

you need? Will a drink torpedo your hard work?

Let's start with the alcohol. "There's a big debate on whether alcohol calories are even usable, whether you can even turn them into fat," says Ken Fujioka, MD, a weight-loss expert at Scripps Clinic in San Diego. "When you look at various studies, you actually get mixed results. Some studies say it's not a problem; don't worry about it. Others say it's associated with weight gain."

Fujioka counsels his patients to pay attention to how alcohol affects their eating. "Some folks, when they drink alcohol, feel like they have license to eat whatever they want to and they get into problems."

If a glass of wine weakens your will to resist that plate of cheese and crackers, it's not doing your waistline any favors. But if alcohol doesn't affect your eating, one or two drinks is probably OK, he says.

As for calories from fat, carbohydrates, and protein, this is where one eating plan doesn't fit all.

Good science shows that people who have high insulin levels—associated with conditions such as type 2 diabetes, prediabetes, gestational diabetes, polycystic ovary syndrome, and fatty liver disease—benefit from diets that are lower in carbohydrates (especially refined ones) and higher in healthy fats and lean proteins. Examples of this kind of diet are the South Beach diet, the Zone diet, the Mediterranean diet, and the Low GI (glycemic index) diet.

If insulin levels aren't a concern, there's very little difference in how much weight people lose, whether they cut back on fat or carbs, says Kevin D. Hall, PhD, a senior investigator and expert in metabolism at the National Institute of Diabetes and Digestive and Kidney Diseases in Bethesda, Md. But, he says, protein calories are a different story.

In the lab, researchers have shown that higher-protein diets tend to increase the number of calories a person burns, Hall says. "So in that sense, a protein calorie is not equivalent to a carbohydrate or a fat calorie."

Protein helps you burn more calories during the day and helps preserve muscle. When people lose weight, they lose muscle as well as fat. The more muscle you lose, the more your metabolism slows. That can make it tough to keep the weight off down the road. Protein also helps you feel satisfied longer after you eat.

WHEN IT COMES TO WEIGHT, YOU'RE JUST BORN A CERTAIN WAY—RIGHT?

To a large extent, yes. Genes are "at least 40% of the answer," says Fujioka, and may explain as much as 80% of people's weight.

He says that's especially likely to be true if a person is very overweight and has struggled with being heavy his or her whole life. "The potential to gain weight and become obese is in everybody. But for some people, the potential is clearly genetically much, much higher," he says.

So far, researchers have flagged more than 30 genes associated with body mass index. The one most strongly tied to obesity is called the FTO gene. Researchers recently reported that people who get a faulty copy of that gene are more likely to store calories as fat instead of burn them for energy. The discovery, published in *The New England Journal of Medicine*, should pave the way for better weight-loss treatments.

Though FTO is the most powerful single gene identified to date, it doesn't explain all obesity. Fujioka says obesity is probably the sum of many genes working together. "The more genetic flaws you get that lead you to obesity, you're more like a loaded gun. The environment will pull the trigger and you'll just get heavy."

On the other hand, people who don't inherit those risk genes will be protected, to some extent, from major weight gain no matter how badly they eat.

MEN AND WOMEN ARE NOT THE SAME

When it comes to weight loss, gender makes a difference.

Pound for pound, a man on a diet will drop 10 pounds faster than you can say "please pass the celery." Researchers think that's probably more of a size issue than a sex difference. Men are bigger than women and naturally carry more muscle, the tissue that burns the greatest number of calories. So they have an easier time losing weight.

But here's the thing about men: They start strong but often can't sustain the effort.

"At three months, men are ahead—definitely ahead on absolute weight loss," says Callister, who recently conducted a study of studies, or meta-analysis, to look at sex differences in weight loss. "But by six months, there's no difference."

But what about percent weight loss? Do men really lose a bigger percentage of their overall weight when they diet than women do? Surprisingly, few studies have looked at that question. Callister says researchers don't know the answer.

One study, however, compared the weight loss between men and women who had gastric bypass weight-loss surgery. The study found that after 24 months, no significant difference showed up in the percentage of weight lost by men and women. On average, men lost about 66% of their excess weight, while women lost about 73%.

Here's more news: While women may take a little longer than men to shed the same amount of weight, Callister says they seem to do a better job keeping it off, perhaps because they lost it more gradually in the first place.



5 SURPRISING PROTEIN POWERHOUSES

Protein is key for dieters because it helps burn more calories during the day and keeps you feeling full longer. These five plant-based foods have at least 5 grams of protein per serving.

ASPARAGUS || A cup and a half of cooked asparagus has more than 6 grams of protein—that's about the same as a large egg. *How to get more in your diet:* Grill or steam asparagus, then season and drizzle with olive oil for a side dish.

OATS || With 5 to 6 grams of protein per cup, old-fashioned cooked oats pack a great protein punch. *How to get more in your diet:* Go beyond cereal. Use oats to make muffins, cookies, and even pancakes.

PISTACHIOS || At 6 grams per serving (about 49 nuts), pistachios have more protein than most other tree nuts. *How to get more in your diet:* Snack on a handful of pistachios, or chop and use to top fish, salads, or yogurt.

CHIA SEEDS || Just 2 tablespoons of dried chia seeds add about 3 grams of protein to any meal. *How to get more in your diet:* Toss seeds into smoothies, salads, or yogurt.

WHOLE GRAINS || One cup of cooked buckwheat has more than 5.5 grams of protein, and 1 cup of cooked millet has more than 6 grams of protein. *How to get more in your diet:* Want a sandwich? Swap white bread for 100% whole wheat bread, and you'll get nearly 8 grams of protein in two slices.

Or give beef a rest and try a buckwheat burger.

—Katherine Brooking, MS, RD



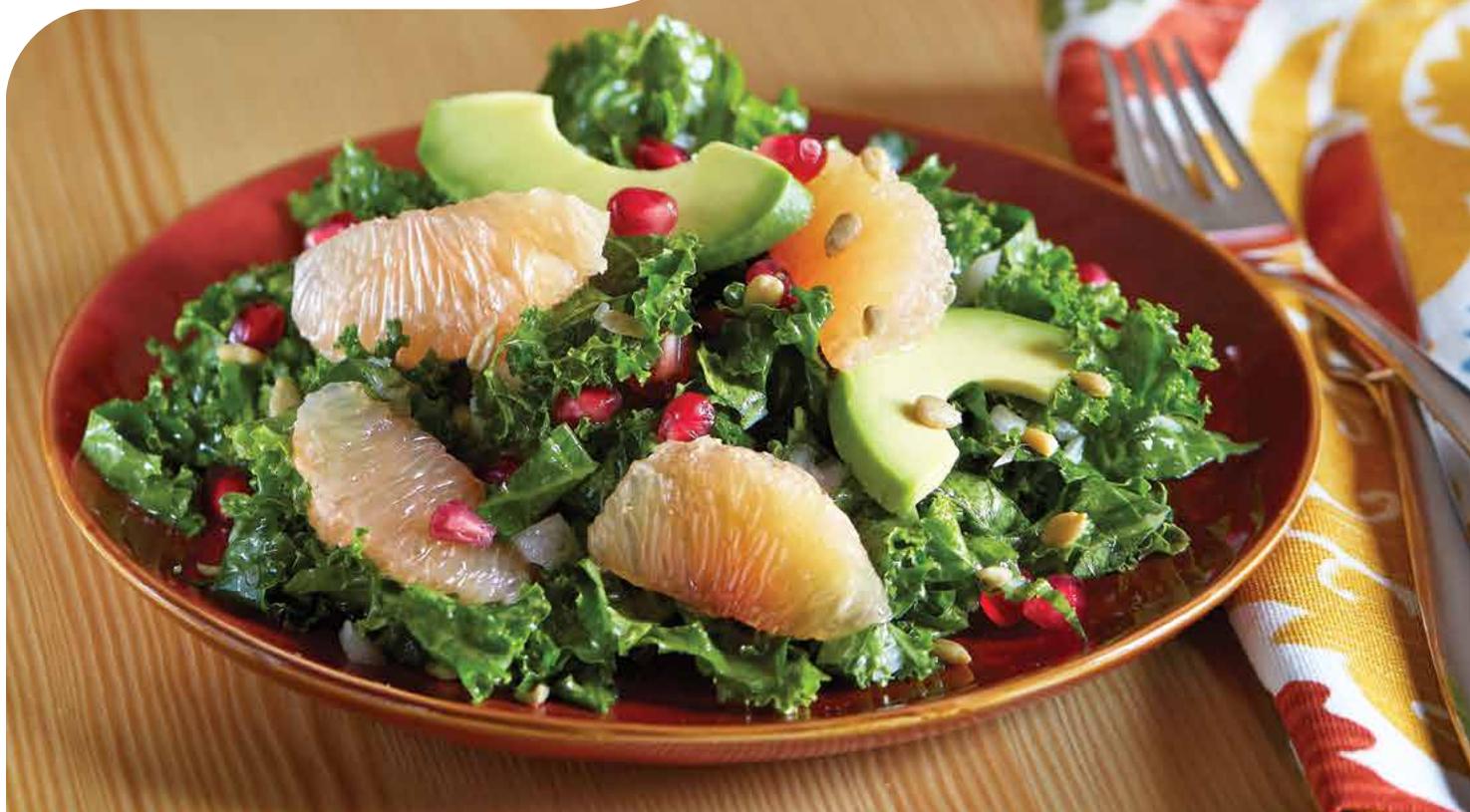
IN SEASON

Sun Burst

By Erin O'Donnell

Recipes by Kathleen Zelman, MPH, RD, LD

Just at the moment you make a resolution to eat more healthy foods, nature hands you a simple, tasty way to do it. It's citrus season, so supermarkets are stocked with oranges, grapefruits, tangerines, and their many cousins. Snacking on one medium orange provides more than 100% of an adult's daily value of immune-boosting vitamin C and an impressive 12% of the daily value of fiber. That fiber includes pectin, "which seems to bind to cholesterol in the gut and remove it from the body," says Bahram Arjmandi, PhD, RD, director of the Center for Advancing Exercise and Nutrition Research on Aging at Florida State University. Citrus fruits also contain plant chemicals including naringenin and hesperidin, anti-inflammatory compounds that preliminary research suggests could help reduce blood pressure and cancer risk. Pink and red grapefruit contain the antioxidant known as lycopene, which may play a role in preventing cancer. While a glass of your favorite sunshine-hued juice rocks as an occasional treat, "take the time to eat the whole fruit to get the fiber," Arjmandi says. Our recipes on the next pages offer new ways to get the new year off to a sunny start.



A New Leaf

This salad boasts a host of disease-fighting antioxidants. The recipe calls for pomegranate arils, the juicy, edible part of the pomegranate. The produce aisles of many large grocery stores sell pomegranate arils removed from their skin and ready to eat.

Baby Kale, Grapefruit, and Avocado Salad

Makes 6 servings

Ingredients

- 3 tbsp extra virgin olive oil
- 2 tbsp freshly squeezed grapefruit juice
- 2 tbsp freshly squeezed lime juice
- 1 shallot, finely minced
- ¼ tsp sea salt
- freshly ground pepper to taste
- 9 cups thinly sliced baby kale, ribs and stems removed
- 1 pink grapefruit, sectioned
- 1 avocado, halved, pitted, and sliced
- ½ cup pomegranate arils
- ¼ cup toasted sunflower seeds

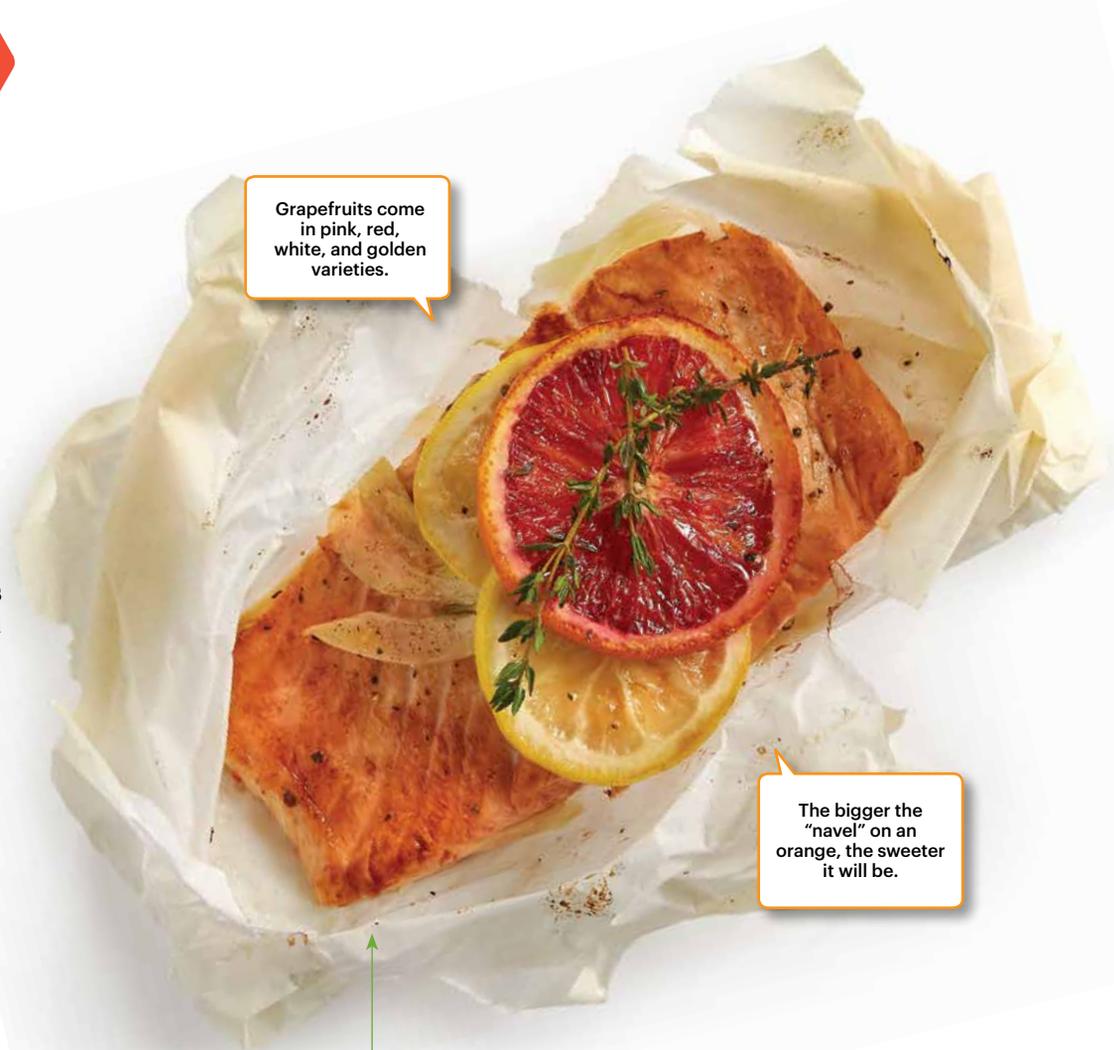
Directions

1. Make the dressing: In a small bowl, whisk olive oil, grapefruit juice, lime juice, shallot, salt, and pepper. Place kale in a large bowl and toss with dressing.
2. Place dressed kale on six salad plates. Top leaves with grapefruit, avocado, pomegranate arils, and sunflower seeds.

Per serving

215 calories, 5 g protein, 22 g carbohydrate, 14 g fat (2 g saturated fat), 5 g fiber, 5 g sugar, 143 mg sodium. Calories from fat: 56%

Reviewed by
Hansa Bhargava, MD
WebMD Medical Editor



Grapefruits come in pink, red, white, and golden varieties.

The bigger the "navel" on an orange, the sweeter it will be.

Wrap Star

This recipe involves parchment paper, sold next to the foil and plastic wrap in supermarkets. The paper acts as a tent to steam the fish in the aromatic citrus juices. Serve the fish with asparagus and a whole-grain side dish such as brown rice.

Citrus Salmon in Parchment

Makes 6 servings

Ingredients

- 6 (6-oz) skinless salmon fillets
- 6 (12–15-inch) squares of parchment paper
- 1 tbsp olive or canola oil
- ¼ tsp sea salt
- freshly ground black pepper to taste
- ¼ tsp ground red pepper
- 1 medium fennel bulb, thinly sliced
- 1 lemon, thinly sliced
- 1 blood orange, thinly sliced
- 12 sprigs fresh thyme

Directions

1. Preheat oven to 450°F.
2. Place each salmon fillet on a piece of parchment paper. Drizzle with oil and sprinkle with sea salt and

- black and red pepper. Top each piece of salmon with fennel, citrus fruit, and thyme.
- 3. Bring the edges of the paper together and fold to seal, tucking the edges under the packet. Place packets on a baking sheet.
- 4. Bake 15 minutes, or until fish is flaky. (Carefully open one packet to test.) Place packets on serving plates and cut an X in the center of the paper on each one. Serve immediately.

Per serving

395 calories, 35 g protein, 6 g carbohydrate, 25 g fat (5 g saturated fat), 92 mg cholesterol, 2 g fiber, 2 g sugar, 216 mg sodium. Calories from fat: 57%

WebMD.com

What's Cooking!

Thousands of people turn to WebMD.com for meal inspiration every day. Here are the most-clicked recipes.*

Spicy Vegetable Soup

Chicken Waldorf Salad

Easy French Apple Tart

Lemon Dill Chicken

Autumn Chicken Stew

*as of Nov. 1, 2015

The pomelo, the largest member of the citrus family, tastes like a sweeter, milder version of grapefruit.



Overnight Delight

This simple dish looks, smells, and tastes delicious, but requires a little planning because the flavor is best when the chicken marinates overnight.

Citrus-Roasted Rosemary Chicken Thighs

Makes 6 servings

Ingredients

- 2 tbsp olive oil
- 2–4 garlic cloves, minced
- 1 tbsp honey
- ⅓ cup fresh orange juice
- ⅓ cup fresh lemon juice
- 1 tsp paprika
- ½ tsp red pepper flakes (optional)
- ¼ tsp sea salt
- freshly ground pepper to taste

- 12 skinless chicken thighs
- 1 lemon, sliced
- 1 orange, sliced
- 1 large onion, thinly sliced
- 3 tbsp fresh rosemary, divided

Directions

1. In a small bowl, whisk together olive oil, garlic, honey, juices, paprika, red pepper flakes, salt, and pepper. Place chicken thighs in a large zip-top bag and pour

in juice mixture. Seal and place bag in the refrigerator overnight or for at least three hours.

2. Preheat oven to 400°F. Remove chicken from marinade and place in a 13-by-9 glass baking dish sprayed with cooking spray. Pour remaining marinade into the bottom of the dish. Arrange slices of lemon, orange, and onion on and around the chicken. Sprinkle 1 tbsp rosemary on top.

3. Bake uncovered 50–60 minutes, or until the chicken is golden brown and an instant-read thermometer registers 165°F. Garnish with remaining rosemary and serve.

Per serving

257 calories, 28 g protein, 14 g carbohydrate, 10 g fat (2 g saturated fat), 115 mg cholesterol, 2 g fiber, 8 g sugar, 249 mg sodium. Calories from fat: 35%



BREAKFAST 411

James Beard award-winning chef Ming Tsai knows the value of a good breakfast for kids. The host of TV's *Simply Ming* is the father of two boys, David, 15, and Henry, 13, and president of the National Advisory Board of Family Reach, a nonprofit that provides a financial lifeline for families of children with cancer. His advice? Start the day with a meal that's low in sugar and high in protein, and that has some sort of fruit or vegetable.

For breakfast, his family leans toward savory, including his sons' favorite: fried rice. Using leftover rice he stores in the fridge or freezer, Tsai cooks it up with ginger,

scallions, garlic, and eggs—and sometimes ground turkey or organic sliced sandwich meat. He'll also top ramen with an egg for another savory breakfast dish.

In the winter, he'll often make his sons oatmeal. Instead of using ready-made packets (which can have lots of added sugar), Tsai cooks the oatmeal with diced banana and rice milk. "My kids love tasty, bold-flavored breakfasts. For me, it's about starting with wholesome ingredients, adding some high-impact (low calorie, all natural) flavor boosters, and keeping it simple."

—**Kerri-Ann Jennings**



Craving more recipes? Sign up for **The Daily Bite** newsletter at WebMD.com.

[LEARN HOW ON PAGE 4](#)

OFF THE MENU

Jeff Tunks

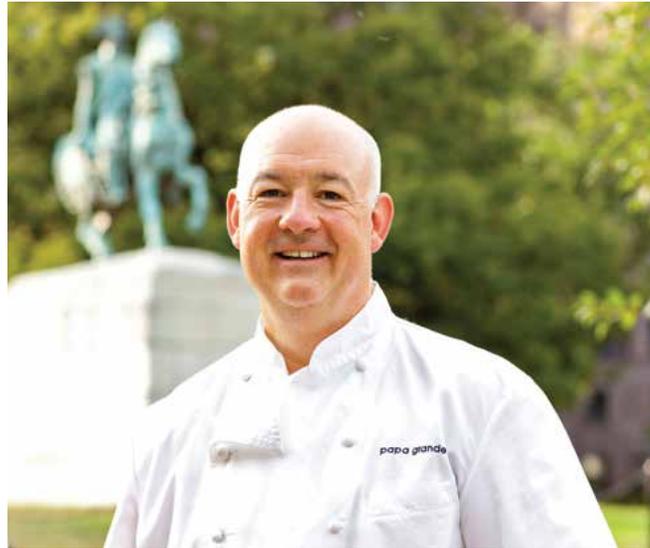
RESTAURATEUR, WASHINGTON, D.C.

By Matt McMillen

Chef Jeff Tunks has always been a big guy, but he used to be a lot bigger. Several years ago, he weighed in at 375 pounds. For someone who works 70 to 80 hours a week on his feet, that burden eventually became too great to bear and his body rebelled.

“I ruptured a disc in my back while at work and had to have surgery,” says Tunks, 54, who—together with his two partners in Passion Food LLC—runs more than seven restaurants in the Washington, D.C., area. “That’s what triggered the realization that I needed to do something to change my lifestyle and take some pounds off, not only to preserve my career but to be a better father.”

The 6-foot-3 Tunks dropped about 130 pounds and has since kept it off. “My motivation now is my



wardrobe,” says Tunks, a single father with joint custody of two teenage boys, Jordan and Bradley, whom he cooks for—and sometimes with—three evenings a week.

“I bought all new clothes, and all my old stuff went to the Salvation Army and Goodwill. For me, it’s not

what the scale says but how my clothes feel.”

Tunks mastered new habits that help him control his weight. He’s learned to love exercise. It helps that his fiancée happens to be a triathlete. “I’m not built for running, but I do like cycling,” Tunks says. “We try to focus our vacations on

biking.” This past summer, they two-wheeled through Provence in France.

His favorite comfort food is now a big salad, preferably a Caesar. He no longer skips breakfast. His diet, like his restaurant menus, focuses a lot on fish.

PassionFish Bethesda, just north of D.C., serves sushi and features an abundant raw bar and several catches of the day. Tunks shares the recipe for the restaurant’s most popular dish, the grilled whole branzino.

“Any time you have a whole fish, its flavor is just richer and deeper than a piece of boneless, skinless fish,” Tunks says. “It’s really simple to do, and the skin keeps it moist, so it’s hard to overcook.”

Reviewed by
Hansa Bhargava, MD
WebMD Medical Editor

Grilled Whole Branzino

Makes 4 servings

Ingredients

- 1½ lb branzino, scaled and gutted, head on (if you can’t find branzino, look for a whole red snapper or small rockfish)
- 1 tbsp chopped parsley
- 4 round lemon slices
- 1 tbsp sliced scallions
- 1 tbsp fresh chopped thyme
- ¼ cup julienned fennel bulb
- kosher salt and freshly ground black pepper to taste
- 1 tsp extra virgin olive oil plus olive oil to finish garnish: fennel fronds, lemon wedge, coarse sea salt (preferably Maldon) to taste

Directions

1. Stuff the cavity of the clean fish with parsley, lemon, scallions, thyme, and fennel. Add salt and pepper in the cavity and surrounding the fish. Drizzle the fish lightly with the olive oil.
2. Preheat the oven to 400°F. Heat a grill pan on medium-high, lightly spray the whole fish with nonstick spray, then sear it on both sides. Transfer fish to a baking sheet and cook in the oven 8–10 minutes. It’s done when the thickest part of the fillet around the head feels firm to the touch.
3. After it has cooked through, remove fish from the oven and place on a serving plate. Garnish with fennel fronds, a big wedge of fresh lemon,



and a sprinkling of coarse sea salt. Drizzle with extra virgin olive oil and serve.

Per serving

170 calories, 30 g protein, 2 g carbohydrate, 5 g fat (1 g saturated fat), 63 mg cholesterol, 1 g fiber, 256 mg sodium. Calories from fat: 25%

FITNESS CHALLENGE

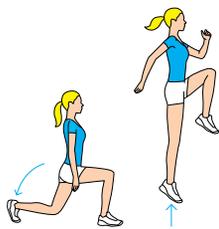
Fuel the Fire

RETHINK YOUR CARDIO ROUTINE WITH THESE CALORIE-TORCHING MOVES

By Jodi Helmer

Want to drop a few pounds in the new year? To turn your resolution into an accomplishment, Ashley Borden, a Los Angeles–based personal trainer whose celebrity clients include Christina Aguilera, Mandy Moore, and Ryan Gosling, wants you to rethink your approach to cardio. “The idea that a cardio workout has to include the treadmill is very outdated,” she says.

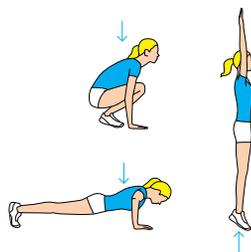
The moves in this circuit are designed to fire up your muscles and get your heart pumping to burn calories. Aim to do five rounds of the circuit (working through one set of the moves in order is one circuit) at least three times per week.



Single-Leg Plyometric Jumps

Borden likes this move because it works the glutes, quads, and calves while engaging the core and improving balance. If you feel off balance, hold on to a chair for support.

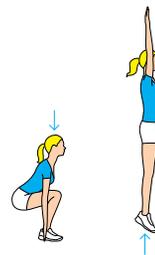
1. Stand with feet hip-width apart.
2. Bring your left leg back and bend your left knee toward the floor (getting it as close to the floor as possible). Your right knee will bend, too.
3. With your weight on your right heel, push off the ground, straightening your right leg and driving your left knee up toward your belly button.
4. Return to the starting position.
5. Repeat five times.
6. Repeat five times on the opposite leg.



Modified Burpees

This popular move combines cardio and strength training, working the arms, chest, core, and legs. Beginners can modify the move to walk, not jump, the legs back and forth. For a more advanced burpee, trade the plank position for a push-up.

1. Start with feet a little wider than hip-width apart.
2. Bend your knees, lower into a squat, and place both hands on the floor, shoulder-width apart.
3. Keeping your core engaged and your weight on your arms, jump both feet back and lower into a plank position.
4. Jump your feet back to the start position.
5. Pushing through your legs, jump up as you raise both hands above your head and clap.
6. Repeat five times.



Squat Jump Touch

Perform these steps as one fluid movement and you'll work the muscles in your inner thighs, quads, hamstrings, glutes, and core. “It's a simple, explosive move that gets great results,” Borden says.

1. Stand with feet together.
2. Jump with feet apart hip-width and, keeping your chest raised, lower into a squat. Make sure your knees don't extend past your toes.
3. Keep your arms straight and touch your fingertips to the floor.
4. Push through your feet and, squeezing your glutes, jump up to the start position, raising your arms over your head.
5. Repeat five times.

Reviewed by
Michael W. Smith, MD, CPT
WebMD Chief Medical Editor

Q

“What are some of the biggest fitness trends of 2016, and which are worth trying?”

Molly Blake, 41, stay-at-home mom, Palo Alto, Calif.



A

“Fitness trends, like fashion trends, change over time, so by all means experiment.

This year, small-group personal training is a big trend. It's more affordable than a one-on-one session with a trainer, and you still get personalized attention. Try it if you want a workout tailored to your needs.

Restorative classes that include stretching or foam rollers are also really hot for 2016. The classes are a great addition to regular workouts to help prevent injuries. Online classes are a growing trend. Thanks to technology, you can work with a trainer via Skype and get a great workout without leaving home.”



Joy Keller, CPT, executive editor, IDEA Fitness Journal



Watch **Motivation for Exercise**, a video at WebMD.com.

LEARN HOW ON PAGE 4

WORK IT OUT

You Turn

LACKING MOTIVATION? HERE'S HOW TO KEEP YOUR FITNESS ROUTINE ON TRACK

By Kara Mayer Robinson

● We totally get it: One day you're super enthused about exercising, the next day—not so much. But your routine doesn't have to go off the rails every time your motivation flags. We called in fitness experts to keep you amped up and on track when you need it most.

Swap intensity for great form. Can't muster the energy for your usual workout? Scale back and focus on improving your form, says certified personal trainer Catherine Gordon, owner of Gordon Studio in Sonora, Calif. Use lighter weights, do fewer repetitions, or trim the length of your workout. Don't worry about intensity or duration. For today, simply focus on form and technique. You can go back to your usual drill tomorrow.

Let others propel you. Try a group exercise class. Most instructors change up the routine regularly to keep things interesting, says Traci Maughan, a group fitness instructor. Bonus: No self-motivation required. Just show up and follow your instructor's lead.

Or join a running group, swimming club, or local sports team. Your teammates will keep you on your game. And if you're a no-show, they'll call you out.



Go rogue. Novelty goes a long way in replenishing your oomph. Find an activity that feels more like fun than exercise, says Joanna Chodorowska, a Philadelphia sports nutrition coach. Do something you've never tried.

Go with the flow of the seasons, says Larissa Hall Carlson, yoga instructor and dean of the Kripalu School of Ayurveda in Stockbridge, Mass. "Try winter snowshoeing, spring dance classes, summer kayaking, or autumn hiking. The variety will keep you physically and mentally invigorated."

Watch a clip. Use an inspiring video to get you fired up for your next workout. Rent *Rocky*. Watch

Accept that you have no motivation. Then get out and do your workout anyway.

Crossfire high-intensity training clips on YouTube. What you see can be a powerful source of adrenaline and motivation, says Darin Hulslander, certified personal trainer and owner of Fitness by Darin in Chicago.

Go for the immediate payoff. Sometimes it's better to forget your end goal. The small rewards that follow a workout—more energy, less stress, a better mood—can be even more powerful. Research suggests people who aim for broad, long-term goals, like

better health and weight loss, exercise less than people who are in it for short-term rewards.

Stop worrying about motivation. When all else fails, accept that you have no motivation. And accept that you don't need it, says Rachel DeBusk, MEd, a certified personal trainer and USA Triathlon coach. "Then get out and do your workout anyway."

Reviewed by
Michael W. Smith, MD, CPT
WebMD Chief Medical Editor



WebMD[®] Checkup

TAKING CARE, LIVING WELL



January is **Glaucoma** Awareness Month

Glaucoma is one of the leading causes of blindness in the world, second only to cataracts. In the U.S., more than 2.7 million people older than age 40 have the condition, though as many as half of them may not know it. By 2030, the number of people in the U.S. with glaucoma could more than double.

Glaucoma is most often the result of fluid buildup in the eye, which can increase pressure and damage the optic nerve. This is the nerve that sends images from the eyes to the brain.

The most common type of glaucoma—open-angle glaucoma—develops slowly over time. The vision loss first happens around the edges of what you see; eventually all vision is lost. People with this condition might lose up to 40% of their eyesight before they notice.

Ophthalmologists and optometrists can detect

glaucoma in its early stages during comprehensive eye exams. They might prescribe eye drops or pills that can slow the progress of the disease and preserve eyesight. Doctors can also recommend laser surgery or procedures to reduce fluid or pressure in the eyes. Stem cells taken from bone marrow or fat may one day help grow new healthy optic nerve cells to replace those damaged by glaucoma.

Not all rock stars have an excuse to wear dark glasses. But U2 rocker Bono has become very sensitive to bright light in his 20 years living with glaucoma. Though studies don't yet prove medical marijuana improves eye pressure as well as prescription medications can, Whoopi Goldberg wrote in *The Cannabist* that it helps her “live comfortably” with the condition.—*Sonya Collins*



HEALTH HIGHLIGHTS

COLD & FLU

HOW TO STAY HEALTHY ALL SEASON

By Matt McMillen

1 *Flush it out*
Use a clean neti pot or other nasal irrigation device to ease your stuffy, runny nose.

2 *Sleep it off*
Quality shut-eye gives your body the opportunity to fight infection, so get plenty of rest.

3 *Get stuck*
Guard against the flu with an annual flu shot. Get yours today.

4 *Avoid antibiotics*
They can't fight cold and flu viruses, so don't take them.

5 *Call in sick* →
Don't share your illness with others. Instead, stay home and get better.



6 *Enhance immunity*
Eat well and exercise regularly to help prevent colds and flu.

7 *Get help*
Call a doctor if you have trouble breathing or you've been sick more than five days.

8 *Act fast*
Take a prescription antiviral within 48 hours of getting the flu to ease some symptoms.

9 *Hands off*
Cough or sneeze into a tissue or your sleeve, not your hands.

10 *Keep it clean*
Clean and disinfect surfaces you frequently touch to stop the spread of germs.

EXPERT TIPS



Sharon E. Orrange, MD, MPH
assistant professor of clinical medicine,
Keck Medicine of USC, University
of Southern California

“Your best weapon against cold and flu viruses is washing your hands. Use soap and warm water and rub hands together. The friction may be the reason hand washing really works. Wash hands for 15 to 20 seconds or the length of ‘Happy Birthday’ twice or your ABCs once.”



Paul Pottinger, MD
associate professor of medicine, allergy
and infectious diseases division,
University of Washington School
of Medicine

“Need another reason to quit smoking? Tobacco smoke paralyzes your lungs’ microscopic cilia, the tiny fingers that move foreign material—including cold and flu germs—up and out of your system. Remember: It’s never too late to quit.”



Robert Graham, MD
director of integrative health, Lenox Hill
Hospital, New York City

“Meditate or exercise now to reduce colds. Some research suggests that adults who practice mindful meditation or moderately intense exercise for eight weeks suffer less from seasonal ailments during the following winter than those who do not.”

BY THE NUMBERS
EYE HEALTH

FACTS AND STATS ABOUT TOP HEALTH ISSUES

By Heather Hatfield

\$3.84
BILLION

Annual cost of dry eye
in the U.S.

142,648,393

People in the U.S. with vision impairment and age-related eye disease



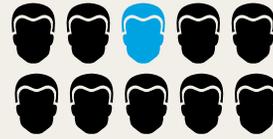
No. 1

Ranking of macular
degeneration as a cause of
vision loss



1 in 5

Women in the U.S.
with dry eye



1 in 10

Men in the U.S.
with dry eye

24.4
MILLION



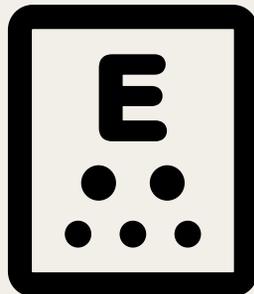
People in the
U.S. ages **40**
and older
affected by
cataracts

10 million

People in the U.S. with macular degeneration



Increased risk of macular
degeneration for **smokers**



Every 2 to 4 years

Frequency of eye exams
for symptom-free people
ages **40-54**

Every 1 to 3 years

Frequency of eye exams
for symptom-free people
ages **55-64**

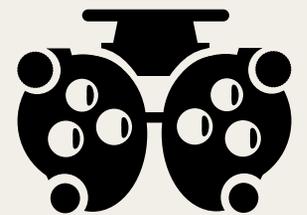
55
AND OLDER
Age at which macular
degeneration is most likely
to occur

50%

Percentage of people
in the U.S. who have
cataracts by age 75

Every 1 to 2 years

Frequency of eye exams
for symptom-free people
older than 65



40

Age at which you should
have a **comprehensive**
eye exam, even if you are
symptom-free

2.7 million

People in the U.S.
ages **40 and older**
affected by glaucoma

No. 2

Ranking of **glaucoma** as a
cause of vision loss

Sources: American Academy of Ophthalmology, American Journal of Ophthalmology, American Macular Degeneration Foundation, American Optometric Association, Cornea: The Journal of Cornea and External Disease, National Eye Institute



LIVING WELL

HYPOTHYROIDISM

TIPS TO MANAGE THE MOST COMMON THYROID DISORDER

By **Christina Boufis**

“I was exhausted,” says Jane Johnson Wall, 45, a therapist from Cranston, R.I. “I could barely make it through the day without taking a nap. I fell asleep mid-conversation at night. I was always cold. And I was gaining weight—maybe 25 pounds—though I was going to the gym.”

Turns out Wall’s thyroid, a small gland in the neck, wasn’t producing enough of the hormone that regulates metabolism.

Thyroid diseases—either hyperthyroidism, when the thyroid releases more



enough? “Let your body be your guide, and always try to do more the next day,” Blevins says. “For some people that means going to the gym and starting with 10 minutes [of cardio] and building up from there. For others it may mean walking a mile and working up to 2 or 3 miles daily.”

Watch your supplements. “If you take iron or calcium [supplements], you have to take those separately” from your thyroid medication, Blevins says. That’s because calcium and iron can bind to the synthetic hormone and prevent its absorption, he adds.

As for Wall, once she was diagnosed with Hashimoto’s disease, the most common cause of hypothyroidism, “getting the right thyroid medication made a big difference” in her energy levels, she says. With her thyroid back on track, she lost 15 pounds and felt better. “I’m as exhausted as any other 45-year-old,” she says. “But it’s not sustained, continual exhaustion.”

Exercise can help you shed pounds and boost energy once your thyroid hormone levels are regulated.

hormone than you need, or hypothyroidism, when it makes less—are quite common, particularly in women, says Lewis Blevins Jr., MD, endocrinologist and medical director of the California Center for Pituitary Disorders at the University of California, San Francisco. In fact, 1 in 8 women will develop a thyroid disorder in her lifetime, according to the American Thyroid Association. What can you do if you have hypothyroidism, the most common type of thyroid disorders? Our expert offers his tips.

Take your meds. “The most important thing is to make sure you take your medication,” Blevins says. Though hypothyroidism can’t be cured, synthetic hormones can control it. You’ll likely take the drug for life.

“Follow up with your doctor to make sure your medication is right,” Blevins says. “Thyroid hormone is like Goldilocks. Too little is not good. Too much is not good. It has to be just right.” Also, “if you have a new disease or start new medications, your dose

requirements may change,” he adds. That’s why you should see your doctor regularly, particularly if something about your health changes.

Get moving. “Most people [with hypothyroidism] will have gained weight because their metabolism has slowed,” Blevins says. Exercise can help you shed pounds and boost energy once your thyroid hormone levels are regulated.

How much exercise is

? ASK YOUR DOCTOR

1. How often should I have my thyroid hormone levels checked?
2. How will changes in my health affect my thyroid medication?
3. Should I avoid certain foods or supplements?
4. Can I take a natural thyroid hormone?
5. Can natural treatments like iodine improve my thyroid function?



Make healthy habits stick. Get the **WebMD app** for on-demand healthy living tips.
[LEARN HOW ON PAGE 4](#)

Reviewed by **Michael W. Smith, MD**, WebMD Chief Medical Editor

MY STORY

BUTT OUT

A READER SHARES HOW HE KICKED HIS SMOKING HABIT ONCE AND FOR ALL

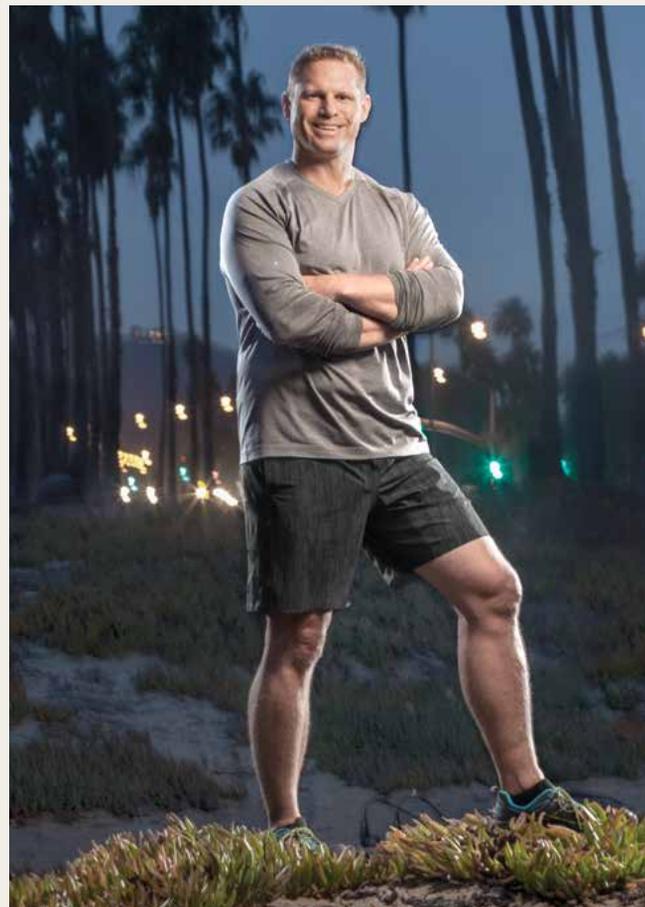
By David Rachford
WebMD.com community member

● My parents were smokers, and I said I would never smoke. Then came high school and teenage rebellion, so I tried smoking, but I was always athletic and it never really took root.

After high school, I joined the military, which had a strong smoking culture at that time. It was a social thing—taking a break with a friend and having a smoke. I continued smoking until my late 20s. When I quit, I got athletic again and ran four marathons.

Then, in my mid-30s, life got rough. In a period of six months, my mom died, I went through a divorce, and I suffered a bad back injury. I self-medicated with alcohol and fell into the habit of smoking again. I smoked in the morning after coffee, after meals, and when I felt stress, like after getting a bill in the mail. Before I knew it, my half pack a day turned into a pack a day.

For my 40th birthday, I convinced some friends to do something challenging: Get in shape and climb California's Mount Whitney, which is 14,494 feet. I was going to the gym but I still smoked. When we climbed Mount Whitney, I developed high-altitude pulmonary edema—a potentially



fatal condition where my lungs filled with fluid and I was gasping for air. I don't know if it was smoking-related, but I have a hard time believing it wasn't.

smoker, I realized I wasn't in alignment with my values—a commitment to health and fitness. I started changing my habits. After work, I stopped going to the gas station where I bought beer and cheap cigarettes. Instead, I went directly to a yoga class before heading home. I stopped drinking because beer and cigarettes went together for me. Instead of having a cigarette as a reward, I'd do something physical instead, like 20 push-ups. I collected my smoking money and put it in a coffee can. At the end of the month, I'd reward myself with a gift like new running shoes.

But I struggled with quitting and would relapse. Then I started dating a woman and hid my smoking from her. I knew she wouldn't date a smoker. Dating her was a catalyst to quit for good—I didn't want to expose that part of myself to someone I cared about and wanted to have a future with.

It's been about a year now since I quit. I've dropped 40 pounds because I'm exercising more. My blood pressure numbers dropped from borderline high to a healthy normal. I'm running again. I feel pretty darn good.

DAVID'S DOS

"The biggest thing for me was to install a positive habit in place of the negative."

"The last pack you buy could be your last pack if you want it to. You don't have to wait for a big event to quit."

"You can choose the habits you want and don't want from your parents."

fatal condition where my lungs filled with fluid and I was gasping for air. I don't know if it was smoking-related, but I have a hard time believing it wasn't.

After that trip, I continued smoking, though I tried to quit. My mom had died from cancer, and my dad had emphysema. I didn't want to be like them. For me, an athlete caught in the body of a drinker and

TEST YOUR SMARTS

HEART HEALTH

HOW SMART ARE YOU WHEN IT COMES TO YOUR TICKER? TAKE THE QUIZ TO FIND OUT

● How much do you know about your heart? Can you tell LDL from HDL cholesterol, and do you know which one you need to lower? Are you aware of which lifestyle habits raise your odds of a heart attack or stroke? Since heart disease tops the list of deadly diseases for both men and women, getting heart smart could save your life.

Can you distinguish these common heart disease myths from facts?



1. To avoid heart disease, cut the fat from your diet.

- Yes
 No

2. Women and men have different heart risks.

- Yes
 No

3. If you stay at a normal weight, you'll avoid heart disease.

- Yes
 No

4. No matter when you quit smoking, you'll reduce your heart disease risk.

- Yes
 No

ANSWERS

1. False. A low-fat diet has long been touted for heart protection, but not all dietary fat is the same. The mono- and polyunsaturated fats in nuts, vegetable oils, and fish are best. A diet filled with these foods can lower cholesterol and protect your heart. Trans fats from baked and fried foods are the type to avoid—they're linked to a higher heart disease risk. Experts also recommend limiting saturated fats from foods like butter and meat.

2. True. Heart disease risks aren't gender neutral. Women's body weight, blood pressure, and LDL or "bad" cholesterol level rise more steeply than men's with age, putting them at greater risk for a heart attack or stroke. Women are also less likely than men to know their heart risks, and to get the right care for them.

3. False. When it comes to heart disease risk, the scale doesn't tell the whole story. Being overweight or obese does make you more likely to develop heart disease, but people of normal weight can have heart attacks, too. More important is where the fat is located, and other risks you may have. Research shows a big belly can predict heart problems ahead.

4. True. Smoking damages the heart and blood vessels. Fortunately, quitting will improve your health regardless of when you do it.

SOURCES: American Heart Association; Columbia University; Harvard Medical School; National Heart, Lung, and Blood Institute; WebMD Heart Health Center

Harry Connick Jr.

Singer, Actor

1 Your latest album, *That Would Be Me*, includes a mix of funk, pop, country, and ballads. How did you come up with the sound? I wasn't trying to make a particular kind of record. This is just the style it happened to be. That was fun because it was sort of unpredictable.

2 The first single, "(I Do) Like We Do," is about the love between people who've been together a long time. To what do you attribute the success of your 21-year marriage?

I think it's the way I was brought up and the way Jill [Goodacre] was brought up. We share the same types of values, and we balance each other out. Even more than that, we take marriage really seriously. I don't want to get married more than once. I know that it happens that way sometimes. People die or drift apart. But the ultimate goal is to put that ring on and keep it on.

3 How has being a father changed you? I can't imagine what my life would be like or who I would be if I didn't have our daughters. They're three amazing young women who have grown into these passionate, driven women.



Connick's latest album, That Would Be Me, is available now.

4 How does it feel to be working on the final season of Fox's long-running singing competition *American Idol*? We've seen some great talent this year. I'm excited going into it. The ultimate goal is to discover the next pop superstar.

5 Why has it been important for you to stress music fundamentals during

your critiques? There have been plenty of pop singers who know nothing about music. You can turn on the radio and hear that. But I feel a responsibility to let them know that they can only improve and think about things that they've never thought about if they have some semblance of a knowledge base.

6 Growing up in New Orleans, what kind of

foods did you eat? We ate anything and everything that was put in front of us. My dad would make gumbo. We'd eat a regular type of breakfast—eggs and bacon and grits. A clean meal would be boiled crawfish. A not-so-clean meal would be crawfish étouffée. It's almost like the food in France. It's made from good ingredients, but it may not be the best thing for you.

7 How do you eat these days? I've tried everything from a macrobiotic diet to the Atkins diet. I've tried veganism and vegetarianism. But right now I'm eating clean. I find that out of all the things I've done, this has got me feeling the best.

8 What's your biggest food vice? I like bad carbs—awful things, like candy and Slurpees. So I just don't go there at all.

9 Which disease has affected your family the most? There's been a lot of cancer in my family. My mother died from ovarian cancer. That's a hell of a motivator. When you lose people you're so close to, you think, "Well, if there are any variables I can change, what would I change?" Diet is the first and most important. I try to eat foods that will be medicinal.

10 When it comes to your health, who in your life has most inspired you? My kids, because I want to be there for them. My dad is 89 and he's in great health, and Jill's dad is 79. Having them in our lives is absolutely the greatest thing, and I want my kids to have that. —Stephanie Watson