I am a pocketbook protector.

ask me about $4 generics.
Edie Falco reveals to WebMD how her past battle with alcoholism helps her get into character as Nurse Jackie. The award-winning actor—starring opposite Ben Stiller in The House of Blue Leaves, which just premiered on Broadway—also opens up about her favorite role of all, mom. PLUS: Falco’s seven rules for health and happiness.

Feel fatigued? You’re in good company. It’s one of the most-searched health terms on WebMD.com. Contributing writer Stephanie Watson asks leading health experts about the reasons so many women are exhausted. Do you know the seven culprits most often to blame?

The heat is on! Have you stocked up on sunblock? WebMD contributing writer Ayren Jackson-Cannady talks to top dermatologists who bust the biggest misconceptions about wearing sunscreen. AND: We asked a top derm about the sun care products she slathers on herself.

Everyone wanted to know how the Princess was… And CaringBridge made it easy to share.

NAME: Taylor
HEALTH CONDITION: Cancer
VISITS TO WEBSITE: 632,130
MESSAGES OF SUPPORT: 12,211
55 Three Ways to Cook Pork Try one of these quick-and-easy recipes tonight.
50 How I Got Myself to Eat Cilantro One woman’s spicy love story
MAY’s Quick Picks

NUMBER CRUNCH
Think granola is the ideal snack? Be careful not to overindulge, says WebMD nutrition expert Carolyn O’Neil, MS, RD. “You have to look beyond granola’s health halo,” O’Neil says. Granola is usually high in calories and fat. She suggests limiting yourself to about ¼ cup per serving and making your own with oats, flax seed, walnuts or almonds, and dried fruit (not more than 10% of the total serving).

HELPING HAND
Mother’s Day is the perfect time for a DIY mother-daughter manicure. “It’s great bonding time,” says Karyn Grossman, MD, WebMD skin care expert. But she has one word of caution: While prepping nails for a good polish, leave the cuticles on your hands alone. “Your hands are exposed daily to soaps and more caustic things, and if you manipulate the cuticles a lot on the more delicate skin, you may end up with inflammation, irritations, or infection,” she explains.

RUN FOR IT
When it comes to shopping for new running kicks, leave it to the pros, advises Pamela Peeke, WebMD fitness expert. Head to a specialty running store so a qualified salesperson can evaluate what type of shoe is best for your feet. Another tip? Shop in the late afternoon or just after a run, Peeke says. “Your feet are expanded to their greatest width, and you need the most accurate width measurement.”

WHAT’S YOUR CRUNCH QUOTIENT?
I love adding granola to my yogurt, but sometimes the store-bought options leave a little to be desired. So I want to make my own. That’s where you come in—do you have a DIY granola recipe to share? Take our Healthy Start Challenge: Post your recipe in the magazine community at WebMD.com to win a $25 gift card to Whole Foods!

MOLE PATROL
Melanoma is the most dangerous type of skin cancer, but also the most easily treated if detected early. And May is Melanoma Month—the perfect time to spread the word. St. Louis, Mo., holds a Moonlight and Melanoma Walk of Hope May 14, and Ocean City, N.J., holds a walk May 21. Visit melanoma.org for more of the Melanoma Research Foundation’s yearlong prevention efforts.

fit tip

WebMD.com
This issue is dedicated to resilience, from the cover story—Emmy Award-winning actor Edie Falco’s ability to get sober, fight breast cancer, and then joyfully become a parent—to our back page—“WebMD Checkup,” with 21-year-old Bethany Hamilton’s return to surfing after losing her arm to a shark attack (her story is now a major movie, Soul Surfer, in theaters).

Here at WebMD, we are bringing a spirit of resiliency to the obesity epidemic in America. We have more hope for this next generation than ever before. Our optimism comes from knowing that information, personal awareness, and understanding can free children to thrive in a healthy environment.

Together with our partner Sanford Health—the largest nonprofit U.S. rural health care provider and an organization comprising the leading researchers, physicians, diabetes educators, nutritionists, and healthy living specialists in the country—we are proud to introduce fit, a new website for children ages 2 to 18 with three separate age-appropriate destinations for kids only: fit jr. (launching soon), fit kids, and fit teen. Find all three at fit.WebMD.com. And on WebMD.com itself, you’ll find Raising Fit Kids for parents and families.

All told, it is an entirely new platform for kids and families to look at whole health. Fit is learning disguised as fun, while also a refreshingly new approach to understanding the total picture of feeling and looking better starting from a young age. You and your kids will have to see for yourselves, but I can assure you that the children and teens who helped us develop fit truly enlightened us. What they wanted to learn and understand was more far-reaching than we imagined: nutrition (fit food) and fitness (fit moves) for sure, but also emotional fitness (fit mood) and restorative fitness (fit recharge), both issues that often come up when it comes to kids’ health.

We wish you the loveliest May ever with the most satisfying smile (😊), the greatest night’s sleep (zzz), the yummiest healthy meal (mmm), and an endorphin-raising workout (phew!).
Send in this card for a DVD and learn to say...

You can also call 1-877-474-6892 to sign up.

Please see the Medication Guide on the following page of this magazine.

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*Address ___________________________  street address __________

___________________________  city ___________________________  state __________  zip __________

*E-mail ___________________________  Phone ________

Condition information

1. Have you, or has someone you know, been diagnosed with RA?  □ Yes  □ No

Note: If you answered "No," you may skip the remaining questions.

2. What is your relationship to the person with RA?

□ I am the person with RA  □ Family member/friend/care partner

Note: Please respond to the following questions as they relate to the person with RA.

3. How would your doctor describe your RA?

□ Mild  □ Moderate  □ Severe  □ Not sure

4. Which of the following treatments have you been taking or taken in the past? Check all that apply.

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Biologic DMARDs:
Cinflazide® (certolizumab pegol)
Enbrel® (etanercept)
Humira® (adalimumab)
Orencia® (abatacept)
Remicade® (infliximab)
Rituxan® (rituximab)
Simponi® (golimumab)

Currently taking  □  Taken in the past  □  Currently taking  □  Taken in the past  □

Methotrexate or other traditional DMARDs such as:
Arava® (leflunomide)
Azulfidine® (sulfasalazine)
Imuran® (azathioprine)
Plaquenil® (hydroxychloroquine)

Currently taking  □  Taken in the past  □  Currently taking  □  Taken in the past  □

None of the above/Not sure  □

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SNEEZE CITY

Do April showers bring sneezes and sniffles instead of May flowers? Are your allergies so bad that you find yourself scanning the apartment rental listings in other cities? Before you start packing, check out the Asthma and Allergy Foundation of America’s “spring allergy capitals.”

The list ranks 100 metropolitan areas according to how challenging they can be for people with allergies, based on pollen counts, city size (larger cities have more pollution, which can worsen allergy symptoms), weather conditions, the number of people who use allergy medications, and the number of board-certified allergists in that location.

The top 10 cities with the worst conditions for people with allergies are:

1. Knoxville, Tenn.
2. Louisville, Ky.
3. Charlotte, N.C.
4. Jackson, Miss.
5. Chattanooga, Tenn.
7. Dayton, Ohio
9. McAllen, Texas
10. Madison, Wis.

Source: Asthma and Allergy Foundation of America

GOOD EGG

Good news for those watching their cholesterol levels: The average amount of cholesterol in an American egg has dropped in the last decade, according to a new study by the U.S. Department of Agriculture.

And not just by a little bit. The study, which analyzed regular, large-shell eggs from 1,2 spots across the country, found that eggs now have 14% less cholesterol compared to 1992, when they were last examined.

There’s more good news. The amount of vitamin D in eggs has increased a whopping 64% in the same period.

Researchers theorize that a change in nutrient levels might be due to changes in hen feed. But nutritionists still recommend eating just one egg a day to keep cholesterol levels in check.

Source: USDA

Mood Master

No one really likes to be in a bad mood, but now there’s even more reason to be in a good mood. A new study suggests a cheerful frame of mind can help with problems-solving.

In the study of 87 student volunteers, researchers at the University of Western Ontario found that those who were in a good mood performed better on tasks such as classifying pictures with visually complex patterns than students who were in a bad or neutral mood. The reason? A positive mood seems to enhance people’s ability to solve problems creatively as well as to think both flexibly and carefully.

The researchers also identified two ways of getting into a good mood: watching a video of a giggling baby and listening to one of Mozart’s peppier compositions. Ultimately, however, they advise people to find the music or videos that make them feel happiest so they know what to use to get their creative juices flowing.

Source: Psychological Science

More THAN MEETS THE EYE

Children diagnosed with attention deficit hyperactivity disorder (ADHD) are often struggling with other mental or physical problems as well, a new study reports. And like ADHD, those problems can harm both schoolwork and personal relationships.

The research, based on surveys of 62,000 school-aged children nationwide, found that nearly 70% of youngsters formally diagnosed with ADHD have at least one other problem, such as a learning disorder, conduct disorder, autism, epilepsy, depression, anxiety, or a hearing or speech disorder. About 20% of children with ADHD have three or more of these issues.

Put another way, the researchers found that children with ADHD were nearly eight times more likely than other children to have learning disabilities, nearly 13 times more likely to have conduct disorders, and more than eight times more likely to have depression.

The researchers said the study points to the need for better screening of children already diagnosed with ADHD to identify other disorders they may be living with.

Source: Psychological Science
Not actual patients.

Chronic hepatitis C doesn’t wait. Neither should you.

You may not feel sick, but chronic hep C may be damaging your liver.

Talk to your doctor about your options.

For more information, go to AllAboutHepC.com.
New hepatitis C virus (HCV) infections in the United States declined by more than 90% between 1990 and 1992 and have remained relatively stable ever since, new figures from the CDC confirm. Researchers tracked the national incidence and transmission of new HCV infections between 1992 and 2006 by analyzing data from six county health departments. About 3.2 million people in the United States are chronically infected with hepatitis C, and about 17,000 new infections occur each year. Roughly 14% of new HCV infections identified during the survey period were among people who said their only risk factor was having sex with an infected partner or having multiple sex partners. There was little evidence that cosmetic practices such as tattooing and body piercing contributed substantially to HCV infections. And the HCV infection risk from blood transfusions fell to near negligible levels—about one infection for every 2 million units of transfused blood—following the introduction of tighter donor screening practices and better tests. Even so, about one in 30 baby boomers is infected with hepatitis C, but most do not know it.

To do their research, sleep experts at the University of Michigan studied time diaries kept by more than 20,000 working parents as part of the U.S. Census. They found women are about two- and a half times more likely than men to take the night shift for caregiving. And when they get up, they stay up longer than men—an average of 44 minutes versus 30 minutes. Worse, the women in the study get up more often even when they were the sole breadwinners in the house.

Part of the reason women do this might be biological—if they’re breastfeeding, for instance, it’s easier for women to feed a baby at night. Women’s brains also appear to be more attuned to the cries of children, one 2007 brain-imaging study found. Still, loss of sleep is a real health hazard. Take a stand and ask for help with the nighttime duties, gals!

You might think your child’s potential is shaped by factors like intelligence and self-esteem. But it turns out that another factor is equally important: self-control.

A 32-year study, which followed 1,008 New Zealanders from birth, found that the differences between children with self-control and those without it start showing up as young as age 3. The researchers asked parents, teachers, friends, and the children to judge how well kids in the study were able to handle frustration, stick to a task, and persist in reaching goals—and, conversely, how often they acted before thinking, had difficulty taking turns, or were restless or not conscientious.

When the children reached adulthood, those who had scored the lowest on self-control as kids were more likely to have health problems than those who scored higher. Low scorers also had more trouble with money, were more likely to be single parents, had higher rates of substance abuse, or had criminal records.

While the researchers note that most people don’t break out of their self-control “rank,” all is not lost if a child has trouble with self-control at an early age. Seven percent of the scorers also had more trouble with money, were more likely to be single parents, had higher rates of substance abuse, or had criminal records.

The number of babies’ and toddlers’ emergency room visits each year related to accidents involving cribs, playpens, and bassinets

You know about the dangers of smoking cigarettes and the health risks of breathing in secondhand smoke. But what about exposure to thirdhand smoke? Defined as the nicotine residue left on furniture, walls, and carpeting after a cigarette has been smoked in a room, thirdhand smoke can become—and stay—airborne a long time, a new study shows. And when that happens, the nicotine can combine with other indoor air pollutants in particles so small they are capable of penetrating the deepest parts of the lungs, which can contribute to cancer and breathing problems like asthma. The nicotine can also combine with substances in paper, cellulose, and cotton to create compounds that may be dangerous if absorbed through the skin.

One more reason to stay in a nonsmoking room the next time you’re at a hotel.

Source: CDC

Source: Proceedings of the National Academy of Science

Source: Social Forces: International Journal of Social Research

Source: 2011 WebMD poll

Source: Social Forces: International Journal of Social Research

Source: 2011 WebMD poll
Too much fluid pressure within the eyeball increases your risk of glaucoma, which often has no symptoms until the intraocular pressure has damaged the optic nerve. If the pressure isn't treated with medication, glaucoma develops, which can lead to permanent blindness. Risk factors include having parents with the condition, being older than age 60, having poor vision, having diabetes, and being African-American over the age of 40. If you're at risk, a key to prevention is to get a dilated eye exam every one to two years. Treatment includes eye drops to reduce the intraocular pressure and laser and microsurgery to change the eye's structure and help drain fluid out of the eye.

###Symptom Checker: Glaucoma

**Top Symptoms Include:**
- Seeing halos around lights
- Vision loss
- Loss of peripheral (side) vision

Too much fluid pressure within the eyeball increases your risk of glaucoma, which often has no symptoms until the intraocular pressure has damaged the optic nerve. If the pressure isn't treated with medication, glaucoma develops, which can lead to permanent blindness. Risk factors include having parents with the condition, being older than age 60, having poor vision, having diabetes, and being African-American over the age of 40. If you're at risk, a key to prevention is to get a dilated eye exam every one to two years. Treatment includes eye drops to reduce the intraocular pressure and laser and microsurgery to change the eye's structure and help drain fluid out of the eye.

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**My mother died of colon cancer when she was only 56.**

Terrence Howard, actor/musician

Colorectal cancer is the 2nd leading cancer killer in the U.S., but it’s largely preventable.

If you’re 50 or older, please get screened.

1-800-CDC-INFO (1-800-232-4636)

www.cdc.gov/screenforlife

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Health Champion

GMA anchor spotlights skin cancer awareness

Good Morning America weather anchor Sam Champion will be reporting on more than just the elements throughout May, which is Skin Cancer Awareness Month. He’ll be urging ABC viewers to get informed about the disease, and on Melanoma Monday—May 2 this year—he will deliver an on-air message about the deadliest form of skin cancer.

It’s not the first time Champion has broadcast about skin cancer. Last May, he underwent live-on-the-air surgery for the most common form of the disease, basal cell carcinoma.

According to the American Cancer Society, skin cancer is the most common type of cancer, and about 2 million cases of basal cell carcinoma are diagnosed in the United States annually. That number has been increasing for many years.

Basal cell carcinoma is a slow-growing cancer that usually shows up on parts of the body that get the most exposure to the sun, such as the head, neck, and arms. It often appears as flesh-colored bumps or pink patches of skin. Though it rarely spreads, it can cause damage and disfigurement to nearby nerves and tissues if left untreated.

Staying out of the sun or using a strong sunscreen when outdoors is the best way to prevent skin cancer of all types. According to Champion, 49, puts the blame for his own skin cancer on bad advice he got when he was growing up. “Get your first burn of the season, then your skin will acclimate to the sun,” he recalls being told. But that’s not true, as he found in his 20s, when he was first treated for skin cancer. Early experience left him unsettled.

“The first time was a shock. I didn’t understand it,” he recalls. But that’s not true, as he found in his 20s, when he was first treated for skin cancer. Early experience left him unsettled. “Get your first burn of the season, then your skin will acclimate to the sun,” he recalls being told. But that’s not true, as he found in his 20s, when he was first treated for skin cancer. Early experience left him unsettled.

“The first time was a shock. I didn’t understand it,” he recalls.

FERTILE HOPES

It’s no surprise to anyone here at WebMD that one of our favorite longtime writers has authored a simply lovely book. If you’ve admired articles in the pages of this magazine and on WebMD.com that are sensitively written, often moving, full of humanity, and always heartfelt (not to mention excellently reported), chances are you’ve read Gina M. Shaw’s work. Now, in her first book, she tells of being newly married, about to start a family, and suddenly, shockingly diagnosed with breast cancer at age 36. Having Children After Cancer: How to Make Informed Choices charts a path for women with (and after) cancer who want to have children but don’t know how to go about it or even if it’s safe.

Can you conceive? If you do, does the risk of the cancer’s returning increase? What are the options for preserving fertility before and after cancer treatment? Important questions all, since fertility often takes a backseat to fighting the disease. Shaw answers these and more, and also covers various adoption choices for cancer survivors.

Today a mom of three, Shaw writes, “Cancer steals so much...it shouldn’t steal our hopes for a family as well. If you want to have a child or more children, there’s no reason a cancer diagnosis should close the door to those dreams.” Shaw’s book makes sure it doesn’t.—Colleen Paretty

MEET THE WILLIAMS

they’re wondering how healthcare reform will impact their employees’ benefits

All of these families share the same name, but their lives and their questions regarding healthcare reform are very different. That’s because healthcare reform affects everyone differently. Introducing AskBlue Healthcare Reform. Your personal guide to understanding the basics of reform. To find answers to your healthcare reform questions visit bcbs.com/askblue.
MOUTHWASH

Chew on This
The ancient Egyptians, Greeks, and Romans freshened their breath by chewing eucalyptus leaves and cinnamon sticks.

Rinse Cycle
There are two main kinds of mouthwash: therapeutic and cosmetic. Therapeutic rinses help prevent cavities, gingivitis, and other oral health problems. Cosmetic mouthwashes temporarily freshen breath.

Cash Crop
Americans spend about $2 billion a year on dental products, including mouthwash.

In the Mix
Generally, mouthwashes are made of materials for strong flavor dilution, such as alcohol and water. The rest of the liquid contains antibacterial agents, flavorings, soaps, and dyes for color.

Off Duty
Alcohol-based oral rinses are often used for other tasks, including combating foot fungus, sprucing up unkempt lawns, and cleaning computer screens, although there are no conclusive studies about their effectiveness.

Brand View
A 2010 market survey reported that only 44% of consumers bought the brand of mouthwash they most wanted; the others switched to less costly generics.—Chloe Thompson

Visit the usinlupus.com/joinus today.
Or call 1-855-USINLUPUS (1-855-874-6587).

Some people featured in the us in lupus are paid spokespeople for Human Genome Sciences, Inc. and GlaxoSmithKline.

Where can people living with lupus go to find their voice—and many reassuring echoes?

As someone who’s living with lupus, you may sometimes feel alone. But there’s a whole group of people living with lupus coming together. Whether we have lupus or care about someone who does, we are taking on our challenges together, and not giving in to them. We are learning from each other and moving forward. We are the us in lupus.

Where can you find us? At the usinlupus.com. There you’ll find stories for us—inspired by us. You’ll get access to information about living well with lupus. Best of all, you’ll find the voice of people living with lupus—and a community that embraces it.

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To join us, fill out and return this card.
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the us in lupus

Together we're stronger

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PO BOX 29357
MISSION KS 66201-9786
Tell us a little bit more about yourself so we can send you the lupus information that’s designed for you.

1. Please choose the option below that best describes you:
   - I have been diagnosed with lupus
   - I am a family member/friend of someone diagnosed with lupus
   - I think I may have lupus
   - None of the above

2. When were you diagnosed with lupus?  Month __________  Year __________

3. Are you currently being treated for your lupus?  Yes  No

4. Please indicate how much lupus impacts your ability to perform your daily responsibilities.
   (1=Not at all; 5=Very significantly)
   1 2 3 4 5

5. Please indicate how much lupus impacts your sense of self-worth.
   (1=Not at all; 5=Very significantly)
   1 2 3 4 5

6. Please rate your agreement with the following statement:
   "I seldom experience pain from lupus that interferes with my daily routine."
   (1=Completely disagree; 5=Completely agree)
   1 2 3 4 5

7. Please rate your agreement with the following statement:
   "My healthcare professional is the best there is when it comes to managing my lupus."
   (1=Completely disagree; 5=Completely agree)
   1 2 3 4 5

Human Genome Sciences, Inc. (HGS) and GlaxoSmithKline (GSK) understand that your privacy is important. By providing your name, address, or other information, you are giving HGS and GSK and companies working with us permission to: (please check all that apply)

- Market or advertise to you about lupus
- Market or advertise to you about medicines that treat lupus

We will not sell or transfer your name, address, or other information to any other party for their marketing use.

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Is it a myth that airplane air can make people sick?
Lots of people believe this, but it’s actually FALSE. Here’s why: Airplane cabins come equipped with HEPA (high-efficiency particulate air) filters that are as good “as those found in isolation units in hospitals,” says David Freedman, MD, professor of medicine and epidemiology at University of Alabama at Birmingham and a board member of the International Society of Travel Medicine. “And viruses and bacteria are big enough that they are trapped in those filters.”

The health risk with airplane travel, Freedman adds, “isn’t the recirculated air. It’s the people sitting next to you.” That’s because when people cough and sneeze, the droplets can travel three to six feet in any direction.

What to do? Try to move your seat if you discover that someone sitting near you is sick. Of course, all those germ-laden droplets also land on trays, window shades, seats, and surfaces in the bathroom. So be double sure to wash your hands, “especially before you eat,” Freedman advises. “Bacteria and viruses can live for hours—and in some cases, days—on inanimate objects.”

Q: A friend told me that nail-drying machines emit UV rays that can give you skin cancer. Do I need to be careful?
A: The nail-drying machines used in professional nail salons come in two varieties: air drying and UV drying. And yes, you do need to be careful about exposing your skin to the UV type. That’s because the rays emitted by these machines are UVA rays, the kind that penetrate the skin most deeply and have been associated with skin cancer.

The level of UVA rays is equivalent to that of a tanning bed. But in addition to exposing your skin to cancer-causing UVA rays, using these nail-drying machines increases your risk of getting the telltale signs of photo-aging, including spots, wrinkles, and loss of elasticity. These aren’t on your face, of course, but they can still be unsightly.

When you get to the salon, ask an employee which type of machine it uses, and make sure they know about the risks. There are two things you can do to reduce your exposure. First, you can decide to forgo the nail-drying machine altogether and take a few minutes longer to let your nail polish air dry (although some gel manicures do need UV light to cure). Second, you can slather on sunscreen after the aesthetcian washes your hands and feet but before she applies the nail polish.

Q: I have severe rheumatoid arthritis (RA), and I’m finding that my husband isn’t very supportive or helpful. In fact, he gets angry when I’m not able to do more housework. Is it normal for RA to impact a marriage this way?
A: It is not at all unusual for marriages (or entire families) to be affected when a spouse develops RA—or any other chronic illness.

Both partners’ roles change, and the healthy spouse may express anger due to the pressure of additional responsibilities. The anger might also be a result of your spouse’s anxiety about what further changes are around the corner.

Sometimes, too, a new diagnosis can highlight pre-existing problems in a relationship. Your husband may not have been very supportive before you were diagnosed with RA, but you weren’t as aware of it because you were able to do so much yourself.

Whatever the case, what’s clear now is that you need some help and he needs a better understanding of your limits. Having him go to your doctor’s appointments might help him get more educated and feel more involved in your health. It sounds as though couples counseling might also be in order, as well as, perhaps, a support group for you.

It’s important to address this situation. Marital stress can make your RA worse and put your husband at risk for health problems of his own.

Your Questions Answered.
Top dermatologists answer questions on skin care, anti-aging and more.

Only on WebMD.com.
"If I knew then what I know now about Rheumatoid Arthritis, I would have been more proactive."

-Julie W., ACTEMRA patient since 2005.

Hear Julie’s story at ACTEMRA.com

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Other serious side effects of ACTEMRA include tears (perforation) of the stomach or intestines, changes in blood test results (including low neutrophil count, low platelet count, and increase in certain liver function tests), hepatitis B infection in those already carrying the virus, nervous system problems, and serious allergic reactions.

Common side effects with ACTEMRA include upper respiratory tract infections (common cold, sinus infections), headache, and increased blood pressure (hypertension).

Tell your healthcare provider if you plan to become pregnant or are pregnant. It is not known if ACTEMRA will harm your unborn baby. Genentech has a registry for pregnant women who take ACTEMRA. If you are pregnant or become pregnant while taking ACTEMRA, contact the registry at 1-877-311-8972 and talk to your healthcare provider.

Call your healthcare provider for medical advice about any side effects. You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects to Genentech at 1-888-835-2555.

Talk to your doctor about something different, today.

Visit www.ACTEMRA.com or call 1-800 ACTEMRA (1-800-228-3672)

FIGHT BACK AGAINST RA

ACTEMRA OFFERS A DIFFERENT WAY TO TREAT RHEUMATOID ARTHRITIS (RA)

- The FIRST AND ONLY medication specifically designed to target the action of IL-6
- Some people taking ACTEMRA saw improvements in the pain, swelling and stiffness of RA as early as 2 to 4 weeks

Indication

ACTEMRA is a prescription medicine called an interleukin-6 (IL-6) receptor inhibitor. ACTEMRA is used to treat adults with moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a tumor necrosis factor (TNF) antagonist has been used and did not work well.

ACTEMRA® (tocilizumab)

This information does not take the place of talking to your healthcare provider about either your medical condition or your treatment with ACTEMRA. Talk with your healthcare provider if you have any questions about your treatment with ACTEMRA.

Important Safety Information

Some people have serious infections while taking ACTEMRA, including tuberculosis (TB) and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

Please see Important Safety Information on the following pages. Please see full Prescribing Information and Medication Guide for additional important safety information at www.ACTEMRA.com.
Fill out the attached card to get helpful information.

The ACTEMRA Patient Support Program

Getting support could help you with your fight against rheumatoid arthritis (RA).
That’s why we’ve created ACTIV, the RA patient support program. Sign up now to get access to:

- Newsletters about ACTEMRA
- Diet and exercise tips from experts
- A nurse-staffed hotline that you can call with any questions
- Experiences from other people taking ACTEMRA
- Information on how to connect with other RA patients through local programs
Want to learn more about RA and ACTEMRA® (tocilizumab)? Sign up for the ACTIV Program!

You can enroll any of 3 ways:

- Visit www.ACTEMRA.com
- Call 1-800-ACTEMRA
- Fill out the enclosed form and drop in the mail

Once you’ve completed the questionnaire, detach it and mail it back. No postage is required.

In order to receive information, you must be over 18 years of age.

Name: ____________________________
Address: ____________________________
City: __________________ State: __ ZIP: ______
E-mail: __________________
Phone: ______ Year of birth: ______
Gender: [ ] M [ ] F

Please see accompanying Brief Summary for additional safety information.

The following questions are optional. This information will help us continually improve how we communicate with RA patients.

<table>
<thead>
<tr>
<th>What type of information is most relevant to you? (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updates about RA</td>
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<td>Treatment information</td>
</tr>
<tr>
<td>How ACTEMRA works</td>
</tr>
<tr>
<td>Local events with other RA patients</td>
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<tr>
<td>Diet and lifestyle tips</td>
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<tr>
<td>Getting the most from doctor discussions</td>
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By submitting this form, you agree to allow Genentech, Inc. and their agents to collect the information provided, to receive product-specific communications, and communications relevant to your condition from Genentech, Inc. and their agents, and to the terms of our Privacy Policy. Please read our complete Privacy Policy at www.ACTEMRA.com to learn more about our use of your information.

Privacy Information
Genentech, Inc. respects your right to have your personal and health information kept private. We may use your information to send you materials that may be of interest to you. We and the companies that work with us to provide these materials will only use and share your information in accordance with our Privacy Policy.

For more information about ACTEMRA, visit www.ACTEMRA.com or call 1-800-ACTEMRA.

<table>
<thead>
<tr>
<th>Have you taken any of these medications? (Please check all that apply)</th>
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<tbody>
<tr>
<td>ACTEMRA® (tocilizumab)</td>
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<tr>
<td>Celebrex® (celecoxib)</td>
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<td>Enbrel® (etanercept)</td>
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<td>Humira® (adalimumab)</td>
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<td>Inflectra® (infliximab)</td>
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<td>Kineret® (anakinra)</td>
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<td>Orencia® (abatacept)</td>
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<td>Remicade® (infliximab)</td>
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<td>Rinovair® (rituximab)</td>
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<td>Simponi® (golimumab)</td>
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<td>Mefenamic acid or other traditional NSAIDs (Aceclofenac, Plaquenil® [hydroxychloroquine], etc)</td>
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<th>How long have you been taking the current treatment?</th>
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<td>[ ] 6 months or less  [ ] 6 to 12 months  [ ] More than 1 year</td>
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Brand names mentioned above are registered trademarks of their respective companies.
ACTEMRA® (AC-TEM-RA) (tocilizumab)

This is an important summary. For more information, please refer to the full prescribing information.

Rx only

Read the Medication Guide that comes with ACTEMRA. Keep this guide and give it to any healthcare provider about your medical condition or your treatment.

What is the most important information I should know about ACTEMRA? ACTEMRA can cause serious side effects including:

1. Serious Infections
ACTEMRA is a medicine that affects your immune system. ACTEMRA can lower the ability of your immune system to fight infections. Some people have serious infections while taking ACTEMRA, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

• Your doctor should test you for TB before starting ACTEMRA.
• Your doctor should monitor you closely for signs and symptoms of TB during treatment with ACTEMRA.
• You should not start taking ACTEMRA if you have any kind of infection unless your healthcare provider says it is okay.

Before starting ACTEMRA, tell your healthcare provider if you:

• think you have an infection or have symptoms of an infection such as:
  - fever, sweating, or chills
  - muscle aches
  - cough
  - shortness of breath
  - blood in phlegm
  - weight loss
  - warm, red, or painful skin or
  - being treated for an infection

• get a lot of infections or have infections that keep coming back
• have diabetes, liver disease, or weak immune system. People with these conditions have a higher chance for infections.

• have TB, or have been in close contact with someone who has TB
• have been or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidiomycosis, or blastomycosis). These infections may happen or become more severe if you use ACTEMRA. Ask your healthcare provider, if you do not know if you have lived in an area where these infections are common.
• have or have had hepatitis B. After starting ACTEMRA, call your healthcare provider right away if you have any symptoms of an infection. ACTEMRA can make you more likely to get infections or make worse any infection that you have.

2. Tears (perforation) of the stomach or intestines.

• Before starting ACTEMRA, tell your healthcare provider if you have had diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people taking ACTEMRA get tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate.
• Tell your healthcare provider right away if you have fever and stomach-area pain that does not go away, and a change in your bowel habits.

3. Changes in certain laboratory test results.

Your healthcare provider should do blood tests before you start receiving ACTEMRA and every 4 to 8 weeks during treatment to check for the following side effects of ACTEMRA:
• low platelet count. Platelets are white blood cells that help the body fight off bacterial infections.
• low neutrophil count. Neutrophils are white blood cells that help fight off infections.

• increase in certain liver function tests. You should not receive ACTEMRA if your neutrophil or platelet counts are too low or if your liver function tests are too high. Your healthcare provider may stop your ACTEMRA treatment for a period of time or change your dose of medicine if needed because of changes in these blood test results.

• You may also have changes in other laboratory tests, such as your blood cholesterol levels. Your healthcare provider should do blood tests to check your cholesterol levels 4 to 8 weeks after you start receiving ACTEMRA, and then every 6 months after that. Normal cholesterol levels are important to good heart health.

ACTEMRA may decrease the activity of your immune system. Medicines that affect the immune system may increase your risk of certain cancers. Tell your healthcare provider if you have ever had any type of cancer.

• See “What are the possible side effects with ACTEMRA?” for more information about side effects.

What is ACTEMRA?

ACTEMRA is a prescription medicine called an Interleukin-6 (IL-6) receptor inhibitor. ACTEMRA is used to treat adults with moderately to severely active rheumatoid arthritis (RA) at least one other medicine called a Tumor Necrosis Factor (TNF) antagonist has been used and did not work well.

It is not known if ACTEMRA is safe and effective in children.

What should I tell my healthcare provider before receiving ACTEMRA?

ACTEMRA may not be right for you.

• Before starting ACTEMRA, tell your healthcare provider if you:
  - have an infection. See “What is the most important information I should know about ACTEMRA?”
  - have liver problems.
  - have any stomach-area (abdominal) pain or been diagnosed with diverticulitis or ulcers in your stomach or intestines.
  - have any conditions that affects your nervous system, such as multiple sclerosis.
  - have recently received or are scheduled to receive a vaccine. People that have received ACTEMRA should not receive live vaccines. People taking ACTEMRA can receive non-live vaccines
  - have a medical condition that may make you more likely to get an infection.
  - have any other medical conditions.
  - plan to become pregnant or are pregnant. It is not known if ACTEMRA will harm your unborn baby.

Pregnancy Registry: Genentech has a registry for pregnant women who take ACTEMRA. The purpose of this registry is to check the health of the pregnant mother and her baby. If you are pregnant or become pregnant while taking ACTEMRA, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry by calling 1-877-311-8972 to:
• plan breast and breast-feeding. You and your healthcare provider should decide if you will take ACTEMRA and breast-feed. You should not do both.
Tell your healthcare provider about all of the medicines you take, including prescription and nonprescription medicines, vitamins and herbal supplements. ACTEMRA and other medicines may affect each other causing side effects.

Especially tell your healthcare provider if you take:
• any other medicines to treat your RA. You should not take etanercept (Enbrel®), adalimumab (Humira®), infliximab (Remicade®), rituximab (Rituxan®), abatacept (Ocrelizumab), anakinra (Kineret®), certolizumab (Cimzia®), or golimumab (Simponi®) while you are taking ACTEMRA. Taking ACTEMRA with these medicines may increase your risk of infection.
• medicines that affect the way certain liver enzymes work. Ask your healthcare provider if you are not sure if your medicine is one of these.

Know the medicines you take. Keep a list of them to show to your healthcare provider and pharmacist when you get a new medicine.

How will I receive ACTEMRA?

• You will receive ACTEMRA from a healthcare provider through a needle placed in a vein in your arm (IV or intravenous infusion). The infusion will take about 1 hour to give you the full dose of medicine.
• You will receive a dose of ACTEMRA about every 4 weeks.

If you miss a scheduled dose of ACTEMRA, ask your healthcare provider when to schedule your next infusion.

While taking ACTEMRA, you may continue to use other medicines that help treat your rheumatoid arthritis such as methotrexate, non-steroidal anti-inflammatory drugs (NSAIDs) and prescription steroids, as instructed by your healthcare provider.

Keep all of your follow-up appointments and get your blood tests as ordered by your healthcare provider.

What are the possible side effects with ACTEMRA?

ACTEMRA can cause serious side effects, including:

• See “What is the most important information I should know about ACTEMRA?”

• Hepatitis B infection in people who carry the virus in their blood. If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus may become active while you are taking ACTEMRA. This happens with other biologic medicines used to treat RA. Your doctor may do blood tests before you start treatment with ACTEMRA and while you are using ACTEMRA. Tell your healthcare provider if you have any of the following symptoms of a possible hepatitis B infection:
  - feel very tired
  - skin or eyes look yellow
  - little or no appetite
  - vomiting
  - clay-colored bowel movements

• Nervous system problems. Multiple Sclerosis has been diagnosed rarely in people who take ACTEMRA. It is not known what effect ACTEMRA may have on some nervous system disorders.

• Allergic Reactions. Serious allergic reactions can happen with ACTEMRA. These reactions may not happen with your first infusion, and may happen with future infusions of ACTEMRA. Tell your healthcare provider right away if you have any of the following signs of a serious allergic reaction:
  - shortness of breath or trouble breathing
  - skin rash
  - swelling of the lips, tongue, or face
  - chest pain
  - feeling dizzy or faint

Common side effects of ACTEMRA include:

• upper respiratory tract infections (common cold, sinus infections)
• headache
• increased blood pressure (hypertension)

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all of the possible side effects of ACTEMRA. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects.

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Lupus Smarts
Test your IQ about this autoimmune disease

About 1.5 million Americans have lupus (systemic lupus erythematosus, or SLE, the most common form), according to the Lupus Foundation of America. The majority—90%—are women, who usually develop the disease between ages 15 and 44. African-American, Hispanic, and Asian women have a higher risk. Eliza Chakravarty, MD, assistant professor of medicine in the division of immunology and rheumatology at Stanford University School of Medicine, sheds light on a disease you might not know much about.

1 HOW DO YOU KNOW IF YOU HAVE LUPUS?
A lot of people who come to see me have “tested positive for lupus,” meaning they have a positive ANA (antinuclear antibody) test. That doesn’t necessarily mean they have lupus or will ever get it. To make a positive diagnosis, you typically will have a positive ANA, but you must have more things happening, such as swelling of the joints, very particular kinds of rashes, evidence that there’s something going on in your kidneys, or inflammation in different parts of your body. A lot of lupus is not really that visible, so you can have lupus and look completely healthy. The other tricky thing is that people often have symptoms like tiredness, fatigue, and achiness, and it’s hard to tell whether that’s due to the lupus itself because such symptoms are common in a lot of people.

2 HOW DO YOU GET THE DISEASE?
We have no idea. It’s an autoimmune disease, which means your immune system—which is made to protect you from viruses and bacteria and other infections—has gotten confused and has recognized parts of your own body as foreign and tries to attack them. We think people probably inherit a susceptibility for getting lupus, but it’s not a single gene; it’s probably a combination of different genes. In addition, we think something else has to happen that triggers the disease.

3 DOES LUPUS GET PROGRESSIVELY WORSE?
Not necessarily. It can behave so differently in different people. It can be very mild in somebody forever—only a few rashes and some joint pain here and there. On the other end of the spectrum, it can be a very devastating disease and cause seizures and kidney failure. Most of the time people with lupus live relatively normal lives. The disease certainly can be fatal in some people, but that’s a very small proportion.

4 WHAT ABOUT PREGNANCY IF YOU HAVE LUPUS?
If you’re interested in becoming pregnant, it’s a good idea to talk with your doctor to make sure your lupus is under control and the medicines you’re taking are not ones that can cause birth defects. There’s probably a very small subset, maybe 5% of women, who would be at high risk for having a lot of pregnancy complications. But the majority of women who want to have children can—and can have healthy pregnancies.

5 WHAT’S AHEAD FOR PEOPLE WITH LUPUS?
Now is a very exciting time because we’re learning more and more about the disease every day, with the specific goal of trying to understand what causes it so we can try to prevent it as well as develop better and safer ways of treating it. These days, we have much better therapies than we had even 20 years ago.—Christina Boulis

Reviewed by
Laura J. Martin, MD
WebMD MEDICAL EDITOR

EMILIA/TDM4370g is a clinical trial that compares the effects of trastuzumab emtansine (T-DM1) with capectabine (Xeloda®) plus lapatinib (Tykerb®) in patients with HER2+ advanced or metastatic breast cancer. Currently enrolling at 107 locations in 36 states throughout the U.S.

To review the full list of study criteria and to find study locations, use the following resources:

Web www.EmiliaClinicalTrial.com
Genentech Trial Information Support Line
888.662.6728

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Get Started

*American Journal of Preventive Medicine, August 2008

New

Mom Time

Make her Mother’s Day with gift-worthy beauty essentials ideas from Pantea Tamjidi, MD, a dermatologist and owner of Tamjidi Skin Institute in Chevy Chase, Md.

1 Body of Work
The Body Shop Mango Body Scrub, $16 Some body scrubs can dry out skin, but this one contains organic sugar and salt to gently exfoliate, plus mango seed and organic soy oil to hydrate.

2 Hair Apparent
Denman Natural Boar Bristle and Nylon Brush, $25 The brush’s bear bristles help distribute oil from the scalp down the hair shaft, and the nylon pins help your hair dry faster so the dryer does less damage.

3 Paint Job
Zoya Nail Polish, $7 Get colorful nails the healthy way with polish that doesn’t contain harmful chemicals like formaldehyde or toluene.

4 Sole Searching
Tweezerman Sole Mates Dual Sided Foot File, $20 This tool is the next best thing to a professional pedicure, with a steel microfile on one side to remove dead skin and a soft file on the other side to buff heels and soles smooth.

5 Here’s the Rub
Clinique 7 Day Scrub Cream Rinse-Off Formula, $18.50 This scrub helps minimize fine lines by removing dead surface skin cells and clears the way for moisturizer to do its job.

6 Base Camp
Olay Regenerist Micro-Sculpting Serum, $24.99 This serum boasts amino-peptides, proteins that act as antioxidants to help build collagen, hydrate and plump the skin, and reduce signs of sun damage.

7 Skin Saver
Aveeno Positively Radiant Daily Moisturizer SPF 30, $13.99 This moisturizer is full of soy, a triple threat that plumps the skin, smooths fine lines, and reduces the appearance of brown spots. —Linda Formichelli

The opinions expressed in this section are of the experts and are not the opinions of WebMD. WebMD does not endorse any specific product, service, or treatment.
Made in the Shade
Eye shadow formulations start with a base filler. Cosmetics-grade talc or mica are the go-to filler ingredients, but some formulas include kaolin clay, says cosmetics chemist Jane Hollenberg, director of JCH consulting in Red Hook, N.Y.

In a Bind
Binders are essential to ensure the powder will adhere to skin. The most common binders are derivatives of zinc or magnesium. In addition to pigment, some manufacturers add silica, nylon, dimethicone, boron nitride (a ceramic material), or bismuth oxychloride for “slip” so the powder slides more easily over the lid. And a bit of preservative like glycol (a type of alcohol) or tocopherol (a form of vitamin E) helps prevent bacteria growth.

Greek Life
In ancient Greece, eye shadow was known as fucus and tended to be greens and blues made from lapis lazuli and malachite. Greek women wore the shades and exported them to share with the rest of the world.

Frosted shades, violets, and blues are hard to compress and break more easily.

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Dream Cream
The big difference between a cream and a powder shadow is waxes and oils in the base. Beeswax, castor oil, jojoba oil, shea butter, or silicone are among the options for liquefying a standard shadow. Once the wax or oil dries, the pigment tends to wear longer due to the way the ingredients bond with the skin.

Eye Shadow

To minimize the mess of shadow application, use a firm small brush rather than a fluffy brush. The stiffer bristles help keep color in place. And always apply mascara first.

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To minimize the mess of shadow application, use a firm small brush rather than a fluffy brush. The stiffer bristles help keep color in place. And always apply mascara first.
Kate Beschen spent years contemplating a tattoo. So when the 37-year-old Philadelphia-based doula finally went for her ink last year, she thought she had covered all the bases. “I had my son and daughter drawn as superheroes on my upper arm,” Beschen says. “I decided this was an image I’d be proud to have for the rest of my life.”

But there was one angle Beschen didn’t anticipate: her daughter’s reaction. “My 15-year-old is making comments about wanting a tattoo,” she says. “Now I’m not so sure how I feel about the process—I want her to be safe, and I don’t want her to regret it.”

Are tattoos safe? The FDA regulates the inks in tattoos, but the actual practice of tattooing is regulated by local jurisdictions, such as cities and counties. That means there is no standardized certification for those doing the tattooing or an overall governing body supervising the health and safety of tattoo parlors.

“When you are injecting a substance into the skin, you risk infection,” says Elizabeth Tanzi, MD, co-director of the Washington Institute of Dermatologic Laser Surgery in Washington, D.C., and assistant professor of dermatology at Johns Hopkins University. “Although small, the risks include hepatitis, staph, or warts.”

There are other possible health risks. A gun equipped with needles punctures the top layer of the skin to deposit ink in the dermis, the deep layer of the skin. Unsterilized tools such as the needles or gun and ink that has been contaminated can lead to infection. As the surface skin heals, the pigment remains trapped below. And pain is always a factor. Depending on the part of the body you’re tattooing, the experience can feel like a pin scratch or like being carved by nails. And since the skin is punctured, bleeding is involved, which can put you at risk for blood-borne illnesses such as hepatitis B.

The most likely downside for anyone getting a tattoo is regret. “Tattoos are very difficult to remove,” Tanzi says. “You can lighten them, but complete removal is a challenge. You have to accept the fact that the skin will never look the same.”

Regret is what worries Beschen about her daughter’s interest in ink. “I think of myself as a teenager, and I know I would not be happy with any permanent decision I made then,” she says. “I just hope the fact that I have a tattoo will make it seem less cool when she’s older.” —Lisa Gasz

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• Quarterly newsletters filled with bone-strengthening exercises and simple, delicious recipes.

If you have osteoporosis, like me, calcium-rich foods, vitamin D, and exercise can help. But they may not be enough to keep your bones strong. So ask your doctor if once-monthly BONIVA can help you do more.

BONIVA is a prescription medication to treat and prevent postmenopausal osteoporosis. Ask your doctor if BONIVA is right for you.

Important Safety Information: You should not take BONIVA if you have certain problems with your esophagus (the tube that connects your mouth and stomach), low blood calcium, cannot sit or stand for at least 60 minutes, have severe kidney disease, or are allergic to BONIVA. Stop taking BONIVA and tell your doctor right away if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow the dosing instructions for once-monthly BONIVA carefully to lower the chance of these events occurring. Side effects may include diarrhea, pain in the arms or legs, or upset stomach. Tell your doctor and dentist about all the medicines you take. Tell them if you develop jaw problems (especially following a dental procedure) or severe bone, joint, and/muscle pain. Your doctor may also recommend a calcium and vitamin D supplement.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/mdwatch, or call 1-800-FDA-1088.

*You must be 18 years of age or older to join MyBONIVA. The free trial offer is limited to one per patient. MyBONIVA is a registered trademark of Roche Therapeutics Inc.

Find out what you need to know before you tattoo. WebMD.com

I wanted to stop my bone loss.

Eat plenty of calcium-rich foods like yogurt, spinach, and cheese.
IMPORTANT FACTS ABOUT BONIVA

BONIVA, a bisphosphonate, is a prescription medicine used to treat and prevent osteoporosis in postmenopausal women, characterized by weakening of the bone.

Before you start BONIVA.

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and pain.

What is most important about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and pain.

Who should not take BONIVA?

Do not take BONIVA if you:

• have abnormalities with your esophagus, such as restriction or difficulty swallowing
• have low blood calcium (hypercalcemia)
• cannot sit or stand for at least 60 minutes
• have ulcers that worsen very poorly
• are allergic to BONIVA or any of its ingredients
See Patient Information for complete list.

How should you take BONIVA?

You must take BONIVA exactly as instructed by your health care provider:

• Take first thing in the morning, on the same day each month.
• Swallow whole (do not chew or suck) with a full glass (6 to 8 oz) of plain water (not sparkling or mineral). Do not take with tea, coffee, juice, or milk.
• After you take BONIVA, remain standing or sitting for at least 60 minutes before eating, drink, lie down, or take any other oral medications, including calcium, vitamins, and antacids. Some medicines can stop BONIVA from getting to your bones.
• If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have pain or trouble swallowing, chest pain, or very bad heartburn or heartburn that does not get better. Follow dosing instructions carefully to decrease the risk of these effects.

BONIVA may cause:

• Pain or trouble swallowing
• Heartburn
• Ulcers in stomach or esophagus

Common side effects are:

• Diarrhea
• Pain in joints or muscles
• Upper stomach

Less common side effects are:

• Short-term, mild flu-like symptoms, which usually improve after the first dose

Rarely, patients have reported allergic skin reactions. Contact your health care provider if you develop any symptoms of an allergic reaction including skin rash (with or without blistering), hives, wheezing, or swelling of the face, lips, tongue, or throat. Get medical help right away if you have trouble breathing, swelling, or feel faint-headed.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take oral bisphosphonate drugs.

Contact your health care provider if you develop these symptoms after starting BONIVA.

Rarely, patients have reported serious jaw problems associated with delayed healing and infection, often following dental procedures such as tooth extraction.

This summary is not a complete list of side effects. For a complete list, consult your health care provider or pharmacist.

Want to know more?

This summary is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or treatment. For more complete information, talk to your health care provider.

Visit myboniva.com or call 1-888-MYBONIVA for the complete Prescribing Information, which includes the Patient Information.

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BONIVA, ibandronate sodium 150-mg tablet
(bon-EE-va) a bisphosphonate, is a prescription medicine used to treat and prevent osteoporosis in postmenopausal women, characterized by weakening of the bone. BONIVA may cause:

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• Heartburn
• Ulcers in stomach or esophagus

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RARELY, PATIENTS HAVE REPORTED ALLERGIC SKIN REACTIONS. CONTACT YOUR HEALTH CARE PROVIDER IF YOU DEVELOP ANY SYMPTOMS OF AN ALLERGIC REACTION INCLUDING SKIN RASH (WITH OR WITHOUT BLISTERING), HIVES, WHEEZING, OR SWELLING OF THE FACE, LIPS, TONGUE, OR THROAT. GET MEDICAL HELP RIGHT AWAY IF YOU HAVE TROUBLE BREATHING, SWELLING, OR FEEL FAINTEARED.

RARELY, PATIENTS HAVE REPORTED SEVERE BONE, JOINT, AND/OR MUSCLE PAIN STARTING WITHIN ONE DAY TO SEVERAL MONTHS AFTER BEGINNING TO TAKE ORAL BISPHERONATE DRUGS.

CONTACT YOUR HEALTH CARE PROVIDER IF YOU DEVELOP THESE SYMPTOMS AFTER STARTING BONIVA.

RARELY, PATIENTS HAVE REPORTED SERIOUS JAW PROBLEMS ASSOCIATED WITH DELAYED HEALING AND INFECTION, OFTEN FOLLOWING DENTAL PROCEDURES SUCH AS TOOTH EXTRACTION.

THIS SUMMARY IS NOT A COMPLETE LIST OF SIDE EFFECTS. FOR A COMPLETE LIST, CONSULT YOUR HEALTH CARE PROVIDER OR PHARMACIST.

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What’s Up?

Can’t sleep before your time of the month? Here’s why—and what you can do.

Most nights, Karin Wacaser, 48, a public relations consultant in Dallas, sleeps soundly for about 10 hours. But three days before her period, like clockwork, Wacaser has intense insomnia, waking up every hour or two. “It’s crazy,” she says. “And frustrating. Sometimes I’ll toss and turn for an hour until I can go back to sleep.” At other times, Wacaser lies awake all night, finally falling asleep around 7 a.m.

“Car trouble,” Wacaser says. “And frustrating. Sometimes I’ll toss and turn for an hour until I can go back to sleep.” At other times, Wacaser lies awake all night, finally falling asleep around 7 a.m.

“What is going on? “Each phase of the menstrual cycle has different effects on sleep,” explains Michael Breus, PhD, D, ABSM, WebMD’s sleep expert and author of the “Sleep Well” blog on WebMD.com. Ris- 

“Exercise helps to promote deep- 

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“Workout before bedtime.” —Christina Boufis

“PMS & ZZZ’s

To combat menstrual-related sleep problems, Kathryn Lee, RN, PhD, who has been studying women and sleep patterns for more than a decade, recommends:

Exercise more. “Exercise helps to promote deep-sleep stages,” says Lee, the kind of restorative sleep where growth hormone, necessary for cell repair and regeneration, is secreted. Avoid alcohol. “Progesterone is highest around ovulation and during the luteal phase, which can exacerbate the effects of alcohol (or any other central-nervous system depressant). Though having a glass of wine in the evening may induce sleepiness, drinking alcohol at night can cause wakefulness and fragmented sleep.

Keep a sleep diary. Record the days of the month you have trouble falling or staying asleep, as well as when you wake early or have daytime sleepiness and fatigue.

ArounD Day 14, estrogen suddenly kicks up another notch, and we see a tremendous number of sleep disturbances for women.

When Nancy Levitt’s mother was first diagnosed with dementia 14 years ago at age 78, the doctor told her she could safely drive to fami-

CAR TROUBLE

How do you know when it’s time to take your aging parent’s keys?

When Nancy Levitt’s mother was first diagnosed with dementia 14 years ago at age 78, the doctor told her she could safely drive to familiar places. But Levitt, 61, who volunteers at UCLA’s Center on Aging in Los Angeles, was still nervous. Unexplained naps and dents started appearing on her mother’s car. She forgot where she parked. Levitt tried to discuss driving safety with her mother, but she angrily denied there was a problem. Then, she would forget their talks about driving altogether.

At her wit’s end, Levitt finally asked her mother’s doctor to write to the state, hoping it would revoke her mother’s driver’s license. But before he could do so, she discovered her mother’s car insurance company had canceled her policy, citing five auto accidents. Reluc-

IF YOUR PARENT SHOWS SIGNS OF UNSAFE DRIVING, START BY SCHEDULING AN APPOINTMENT WITH HIS DOCTOR.

Levitt says, “and I didn’t want to be the one taking her everywhere, but it got pretty scary.”

If your parent shows signs of unsafe driving, start by scheduling an appointment with your parent’s doctor, says Joseph Shega, MD, associate professor of medicine in geriatrics and palliative medicine at the University of Chicago. Some pain medications can cause changes in attention span or the issue might be an undiagnosed condition. The physician might refer your parent to a driver rehabilitation spe-

aT the Cleveland Clinic Driver Rehabilitation Program. But if an older unsafe driver refuses to stop operating a vehicle, you may have to take drastic steps like hid-

ing the car keys or writing to the state, Shega says.

Levitt and her mother worked out a solution. Levitt drove her mother some places and hired a driver for a few hours a week. In time the driver became a friend, accompanying her mother to the hairdresser. “And my mother loved it,” Levitt says.—Joanne Broder

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aTe people with medical issues that can affect driving. Such specialists are employed in hospi-

tals, rehabilitation centers, and private driving schools, and their services are typically cov-

ered by insurance, says Patrick Baker, a specialist at the Cleveland Clinic Driver Rehabilitation Program. But if an older unsafe driver refuses to stop operating a vehicle, you may have to take drastic steps like hiding the car keys or writing to the state, Shega says.

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Fatal crash rates increase starting at age 75 and increase notably after age 80. Give and get tips for helping aging parents.

 DyK?

67% of women report having a sleep problem a few nights a week.

What’s your snooze snafu? Get expert shut-eye tips. WebMD.com

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Car trouble

Can’t sleep before your time of the month? Here’s why—and what you can do.
Brain Boosters

How can you help your kid avoid brain glitches without coming across as a nagging parent? Doris Trauner, MD, has some pointers.

Set limits. Because your teen’s brain is still developing in response to experience, you can actually help shape it by setting clear limits and providing precise guidelines for what is and is not acceptable.

Model behavior. As important as setting limits is showing your kid how to behave. “If you model reasoning or considering the consequences of your actions, your child is going to pick that up and incorporate that into the learning of executive functioning,” she says.

Teach cause and effect. Thinking about possible consequences of our actions before we do them is an important executive function. A good way to teach your teen this, Trauner says, is to simply list some possible consequences to an action.

The Teen Brain

Did your teenager lock himself out—again? A peek inside his neurons helps explain why

Eva-Marie Fredric thought her then-14-year-old son, Dylan, could handle the task of packing for their trip to the mountains. But when the two arrived at the campground, she found the tent—but no tent poles. “We slept outside on an inflated air mattress, freezing our bums off, with the dog huddled between us,” recalls the L.A.-based writer and producer.

According to Trauner, the brain doesn’t complete its development until a person reaches his or her mid-to-late 20s, although it continues changing throughout life. During the initial development phase, nerve cells, or neurons, are busy making connections with each other.

The frontal lobe and parietal cortex are two areas of the brain that don’t complete development until the late teens or early 20s, and both are involved in what’s known as executive functioning—the ability to perform tasks such as planning, paying attention, and reasoning.

A child’s brain has many more nerve cells and connections than an adult’s. Before the frontal lobe and parietal cortex mature, children and teenagers can make use of some of these “extra” neurons to remember, plan, and reason. “Yes, a child or teenager can plan and remember, but not as well as you would like them to,” Trauner says. “It doesn’t mean you shouldn’t have expectations. But if they make mistakes, cut them a little slack.”

Since the tent fiasco, Fredric learned to remind herself when Dylan makes a gaffe that the situation could be worse. She adds, “To this day, he’ll tell you it was his favorite camping night ever.”—Susan Kuchinskas

Teens often frustrate their parents with their inability to remember key information and keep track of their stuff. Part of the problem is that their brains are not developed enough to do these things consistently and well, says Doris Trauner, MD, professor of neurosciences and chief of pediatric neurology at the University of California, San Diego School of Medicine.

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Parent Trap

Raising kids ain’t for sissies. Do you know the keys to staying happily married with children?

Ah, the joys of raising children. The pitter-patter of little feet, the tiny hammer hands slipped into yours, the first day of school... and the bitter arguments with your spouse over who gets to go to the gym after work tonight.

While children are wonderful, there’s no question that their arrival can put strains on a marriage. Between the lack of sleep, fragmented attention, and, especially in women, is profoundly influenced by age, making sense of things and finding meaning in the different alternatives,” Keefe says. Immediately find the exit, Keefe adds, if a doctor dismisses your questions with something like, “Don’t worry. Just let me tell you how this is done.”

The couple got their happy ending: three kids, one through gestational surrogacy, using their own fertilized embryo, and twins two months later, with the help of donor sperm. They advise couples in similar situations to connect with others and to “keep an exit. The path that ultimately leads to success may not be the one you start on.” —Anita Stuart

Two-thirds of first marriages last 10 years or more, according to the CDC.

BaBy Boon

Struggling to conceive? Get the scoop on infertility and treatment options

Anyone who’s struggled with infertility will tell you this: It can be quite the roller-coaster ride. “The hardest thing for us was not having answers,” says one woman, now 38. She and her 45-year-old husband were derailed for several years while doctors tried to figure out the cause of their infertility.

Some women are as fertile as they were in their 20s, while others very quickly reach the proverbial point of no return. A simple blood test can measure hormone levels to determine where you are on this spectrum.

Age aside, if either you or your partner shows signs of problems that need immediate attention, such as a lack of ovulation or an undescended testicle, which can impair normal sperm production, the first step is to find a doctor you trust.

It’s OK to start with your OB/GYN, Keefe says, but many couples benefit from seeing a specialist who is board certified in reproductive endocrinology and infertility. You also want to look for a doctor who is a good fit for you personally, “someone who will let you cry, help you cope, and guide you in making decisions.”

“Do not let your eggs or sperm be used by another person. Sometimes a single sperm is injected directly into the egg. Eggs or sperm donation if your eggs or his sperm are unable to unite and develop.

Gestational surrogacy that involves a woman carrying and delivering a child for another person or couple.

WHAT CAN YOU DO? Trying but not yet conceiving? Have your doctor check the health of your eggs and your partner’s sperm, your tubes and uterus, and whether you have hormonal imbalances that can lead to infertility, says David L. Keefe, MD. Treatments might involve: surgery in either partner to correct any structural obstacles to pregnancy, oral or injectable drugs to improve the timing of ovulation, intrauterine insemination (IU1) to give sperm a “free ride” into the uterus. Doctors use a catheter to place sperm into the uterus via the cervix around the time of ovulation.

In vitro fertilization (IVF) to unite eggs and sperm in a laboratory dish before one or more eggs is transferred to the uterus. Sometimes a single sperm is injected directly into the egg.
Foot Loose

It’s not for everyone, but some runners are trying out a new trend: hitting the road sans shoes

Six miles into a 18-mile race along the Pacific Crest Trail in 2010, Kate Clemens felt a sharp pain in her knee. Instead of stopping, the 29-year-old personal trainer from San Francisco took off her shoes and ran barefoot. Without shoes, her knee pain disappeared and she was able to finish the race. “I felt a difference the minute I took my shoes off,” she recalls. “When I’m barefoot, my alignment is better and I run more from my core.”

Clemens is following in the footsteps of the growing number of runners who have been hitting the road barefoot. Without shoes, “we’ve oversupported our feet [in running shoes] so our foot doesn’t have to do what it’s designed to do,” explains Irene S. Davis, PhD, PT, professor of physical medicine and rehabilitation at Harvard Medical School and director of the Spaulding National Running Center.

“When you support a muscle, it doesn’t have to work as hard, when it doesn’t have to work as hard, it gets weak.”

Davis believes your body instinctively knows how to adjust when you shed your shoes or run in “barefoot shoes,” ultra-lightweight shoes designed to mimic barefoot running. Barefoot runners shorten their strides, reducing the impact on their lower bodies, and automatically flex their knees, hips, and ankles for a softer landing on hard surfaces.

“Barefoot runners land on the ball of their feet, generating less impact when their foot strikes the ground,” she says. “If I can do it, anyone can!”

If you have a history of foot problems, check with your doctor before going barefoot. If you decide to ditch your running shoes, “there are a few things you should know,” says Irene S. Davis, PhD, PT.

**Start slow.** You’re more likely to suffer injuries if your foot and leg muscles aren’t properly conditioned for running barefoot. Start with walk/jog intervals, walking for nine minutes, running for one minute, and repeat, working up to longer distances. In addition, the skin on your feet needs to thicken to get used to barefoot running.

**Think twice.** Though there is a risk of stepping on glass or pebbles, Davis believes it’s safe to run barefoot on the pavement. If you’re nervous about foot-to-surface contact, wear barefoot running shoes instead.

Know when to say no. Runners who have any loss of feeling in their feet, including people who have diabetes, should wear sneakers.

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**"I lost 30 pounds!"**

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Healthy dogs and cats

Which foods are no-no’s for your four-legged friends?

WebMD.com

We’d had our new kittens for about two weeks when one of them developed diarrhea. It was a stinky mess in the litterbox—and one that had me worried something was seriously wrong.

A quick consultation with a veterinarian helped us figure out that the culprit was the leftover milk the kitten had lapped out of a cereal bowl one morning. Though I had shooed her away, she drank just enough to upset her tender tummy. Like human babies, animal babies are susceptible to all sorts of illnesses and conditions. Here’s what you should know:

Your first step after getting your pet is to take her to a veterinarian to make sure she’s gotten the vaccinations she needs. The vet will also give her a thorough physical exam, including checking her stool for signs of internal parasites (not unusual in young animals).

“There’s the first visit is important for all new pets,” says Scott Shaw, DVM, an assistant professor of clinical sciences at the Cummings School of Veterinary Medicine at Tufts University. But it’s especially important if you get them from sources other than adoption agencies or breeders, he notes. “When you get animals as strays or through other families, you never know what health issues might be smoldering.”

Both kittens and puppies are vulnerable to internal parasites (such as roundworms, hookworms, and coccidiosis) and external parasites (such as ear mites, fleas, and ticks). Symptoms of internal parasites include diarrhea, a potbelly, and weight loss. Symptoms of external parasites include scratching, dandruff, and black crust inside the ears.

Kittens are also vulnerable to:

- Upper respiratory infections. Kittens pick up respiratory viruses fairly easily, and they often develop secondary bacterial infections as well. Symptoms include sneezing, eye discharge, and loss of appetite. “Because they’re so young, they just become miserable little things,” Shaw says.
- Accidents. “We see a fair number of kittens who get sat on or crushed in reclining chairs,” Shaw says. “Owners need to be very, very careful.” Kittens can also sprain or fracture their legs if they fall from counters or table tops and tear their nails if they get caught in fabric.

Puppies are prone to getting:

- Pneumonia. This condition is so common that “it’s unusual for a day to go by that we don’t have a puppy in the intensive-care unit getting treated,” Shaw says. “It’s most often caused by bacteria, but the stress of traveling to a pet store or new home also plays a role.” This is a life-threatening disease that requires veterinary care.
- GI issues. Puppies’ gastrointestinal systems are immature and therefore vulnerable to stress (like going to a new home). Symptoms include vomiting, diarrhea, lack of appetite, and bloating.—Susan Davis

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Mutt Manners

The do's and don'ts of hitting the dog park without a breach of canine etiquette

For a pent-up pooch, a trip to the dog park can be pure bliss. The dog burns off energy, gets some exercise, and plays off-leash with other dogs. But just like any playground, dog parks can be scenes of bullying and fighting. What happens when one dog starts a fight or guards the area like his own front lawn? And what if—be heaven forbid—the offending pooch is your’s? WebMD consulted dog behavior experts about the best ways to avoid conflicts and make the most out of your trip to the dog park.

Think ahead. If your dog is sick or in heat, don’t bring it to the dog park. The same goes for dogs with a history of aggression, says Kimberly Anne May, DVM, MS, an assistant director at the American Veterinary Medical Association. “You can work with a trainer or a veterinary behaviorist to try to get your dog’s aggression curbed so it can be a good citizen at dog parks,” May says, but for some dogs, “it’s just not appropriate.”

Stay in command. Most problems can be avoided if your dog is trained to come when called, “meaning that you call and the dog, within a split second, turns and runs full speed toward you,” says Sophia Yin, DVM, MS, spokesperson for the American Veterinary Society of Animal Behavior and author of How to Behave So Your Dog Behave.

Know your dog. Understand the difference between playing and fighting. Well-socialized dogs will display a relaxed posture, take turns chasing each other, and pause frequently to calm themselves down, says Cheryl S. Smith, certified dog behavior consultant and author of Visiting the Dog Park: Having Fun, Staying Safe. “Act quickly if a fight starts. If you have access to a garden hose or spray bottle, spray the dogs until they back away. If that doesn’t work, the owners should grab the dogs’ back legs and pick them up like a wheelbarrow, backing up slowly,” Smith says. “Most people grab for the head, and you’re likely to get bit unintentionally,” she adds.

If your dog causes an injury or you suspect it might be injured, be sure to exchange names and phone numbers with the other dog owner before leaving the park.—Sophie Stalin

An estimated 4.7 million dog bites occur in the U.S. each year. Nearly 800,000 require medical care.
Go green this spring with more bok choy recipes.

WebMD.com

ANATOMY OF BOK CHOY

Name Game
Bok choy is sometimes referred to as white cabbage, not to be confused with Napa cabbage, which is also a type of Chinese cabbage. There are many kinds of bok choy that vary in color, taste, and size, including tah tsai and joi choi.

Green Team
Bok choy looks a lot like celery, but it's a member of the cabbage family.

Great Haul
The Chinese have been cultivating the vegetable for more than 5,000 years.

Domestic Travels
Although the veggie is still grown in China, bok choy is now also harvested in California and parts of Canada.

Gentle Giant
Bok choy, known for its mild flavor, is good for stir-fries, braising, and soups and can also be eaten raw.

Fresh Start
The leaves and the stalks can both be cooked, but should be separated before washing to ensure that both parts are thoroughly cleansed.

Time Limit
For optimal freshness, don’t wash bok choy until you’re ready to use. Unused parts can stay fresh in the refrigerator for up to six days.

Mighty Bite
The veggie is packed with vitamins A and C—one cup of cooked bok choy provides more than 100% of the recommended dietary allowance of A, and close to two-thirds the RDA of C.

Good to Grow
The veggie takes about two months from planting to harvest and thrives best in milder weather.

Spoon Fed
Bok choy is sometimes called a “soup spoon” because of the shape of its leaves.—Chloe Thompson

Sesame Asian Bok Choy Salad

Serves 4

Salad
3 cups thinly sliced bok choy
1 cup chopped Napa cabbage
1 large red pepper, sliced
½ cup shredded carrots
½ cup chopped, seeded cucumber
½ cup snow peas, blanched
½ cup sliced green onions
½ cup chopped cilantro
¼ cup unsalted peanuts

Salad Dressing
2 tbsp low-sodium soy sauce
1 tbsp brown sugar
1 tbsp rice vinegar
2 tbsp lime juice
1 garlic clove, minced
1 tbsp fresh ginger, minced
2 tsp sesame oil
1 tbsp olive oil

Directions
1. Place all salad ingredients in a large bowl and toss to combine.
2. To prepare dressing, whisk together all salad dressing ingredients.
3. Drizzle dressing over salad and toss gently to coat.

Per serving: 229 calories, 9 g protein, 22 g carbohydrates, 14 g fat (1 g saturated fat), 61 mg fiber, 9 g sugar, 348 mg sodium. Calories from fat: 44%.

If the word “pork” brings to mind fatty indulgences like bacon and ham, think again. Pork tenderloin is a surprisingly healthy option. “The beauty of pork is that over the years farmers have bred it to be leaner and leaner,” says Debra Krummel, PhD, RD, endowed professor of nutrition at the University of Cincinnati. “You can now find pork that is just as lean as chicken breast.”

As the leanest part of the pig, pork tenderloin has very little saturated fat and therefore won’t affect your blood cholesterol levels significantly, Krummel says. Pork is also one of the richest food sources of thiamin, a B vitamin that helps the body produce energy from food, and a good source of zinc, a mineral needed for immune system function. And it might help keep hunger at bay. A recent Australian study found that when people ate pork, their bodies produced more of an appetite-suppressing hormone known as PYY than when they ate chicken.

Pork tenderloin is versatile, equally at home at the center of an elegant dinner or at a tailgate party. But because it’s so lean, prepare it with care. “I think some people get turned off because they overcook it, or they don’t marinade, or they don’t use a moist cooking method, and then it tastes like shoe leather,” Krummel says. She recommends using an instant-read thermometer and cooking the meat just until the internal temperature reaches 160°F, a surefire way to keep the tender in your tenderloin.—Erin O’Donnell

Pork tenderloin has very little saturated fat and won’t affect your blood cholesterol levels significantly.

Three Ways to Cook Pork

Festive and flavorful, nutrient-rich tenderloin is as lean as chicken breast.

Three Ways to Cook Pork

Gentle Giant
Bok choy, known for its mild flavor, is good for stir-fries, braising, and soups and can also be eaten raw.

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**Pork Tenderloin Pantry Picks**

Our three pork tenderloin recipes, on the opposite page, feature healthy ingredients that deserve a permanent home in your fridge and pantry. Carolyn O’Neil, MS, RD, co-author of *The Dish on Eating Healthy and Being Fabulous*, offers a closer look at some top cooking staples.

**BRINE TIME**

The unopened flower buds of a Mediterranean plant, capers provide a powerful dose of antioxidants. Researchers from the University of Palermo found the antioxidants in capers neutralized harmful compounds formed during the digestion of fats in meat. (Digestion oxidizes fats, creating byproducts that may contribute to heart disease and cancer.) Capers are sold pickled in brine or packed in salt. Give both types a rinse to reduce their sodium content before adding them to dishes. O’Neil recommends Reese and Crosse and Blackwell brands, which are brined and readily available in many supermarkets.

**WHEAT TREAT**

Whole-wheat pitas are a tasty way to sneak more whole grains into your diet and get more potential protection against heart disease and diabetes. But it’s important to read labels closely to ensure that you’re getting the real thing. Look for brands that list “100% whole wheat” on the label, such as Kangaroo Salad Pockets, Toufayan Bakeries Pittas, and Flatout Artisan 5 Grain Flax Fold Flatbread.

**LOW SAT FAT**

O’Neil keeps canola oil in her pantry because of its impressive fat profile: it contains the least saturated fat of popular cooking oils and provides heart-healthy monounsaturated and omega-3 fats. It also stands up to medium-high temperatures, making it a good choice for sautéing, and its subtle flavor doesn’t overpower foods. Her favorites include Wesson and Pompeian OlivExtra, a blend of canola and extra-virgin olive oil.

**CUMIN ON IN**

This peppery spice, a staple of Mexican and Indian cuisine, is a decent source of iron and aids digestion, possibly by stimulating the release of pancreatic enzymes. O’Neil loves McCormick and Spice Islands cumin, readily available in most grocery stores. She recommends keeping spices in a cabinet away from heat and light and using them within six to nine months for best flavor.—E.O.

**MAIN SQUEEZE**

Lemon juice offers a hefty dose of vitamin C and potent antioxidant compounds known as limonoids, which research suggests may fight mouth, skin, and lung cancers. And because it lends dishes a tart kick, lemon juice can be a substitute for salt. O’Neil prefers the bright flavor of freshly squeezed lemons, but in a pinch, she suggests stocking your fridge with the lemon juice from Sunkist and RealLemon, or Sicillia, an Italian brand some supermarkets carry.

**Shopping List**

- Canola oil
- Olive oil
- Lemon juice
- Cumin
- Paprika
- Salt
- Spices
- Whole-wheat pitas
- Mango
- Cilantro
- Carrots
- Red pepper
- Parmesan cheese
- Pork tenderloin

For full ingredients, methods, and nutrition information, see the opposite page.
Now another trusted way to make better health decisions.

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How I Got Myself to Eat Cilantro

Of all the bright-green herbs out there, cilantro—the fresh, leafy stalks of the coriander plant—may be the most polarizing. The millions who love cilantro pile it on soups, salsas, wraps, and roll-ups. And the people who hate it, really hate it, tend to post vitriolic rants in online food blogs. But even dedicated cilantrophobes can have a change of heart, mind, and tastebud. Take WebMD community member Rebecca Rose.

Rose’s first cilantro moment came at a restaurant in New York, when she was a teenager. “I scooped up a chip full of pico de gallo, took a bite, and basically freaked out,” she remembers. “I couldn’t get it out of my mouth fast enough. I was convinced I had eaten a bug!” But there was no bug in the salsa, just a lot of cilantro. “I was completely unfamiliar with the herb,” says Rose.

For years, Rose was on cilantro high-alert, carefully avoiding the herb, which she called “The Great Parsley Pretender.” Finally, she decided to give it another try. “I love, love, love avocados. And my favorite guacamole-making restaurant includes cilantro in the guac. I think that’s what convinced me.”

“Today” Rose not only tolerates the herb, she seeks it out. “My mom always said, ‘Your tastes change. You might not like something today that you’ll like farther down the road.’ And cilantro-wise? ’She was right!” —Monica Kass Rogers

Cilantro-Spiked Guacamole

Combine one or two thin slices of jalapeño pepper with ¼ cup fresh cilantro leaves (bottom of stems removed), 2 ripe avocados (pitted and peeled), ¼ tsp salt, ½ tsp ground cumin, the juice of one lime, and ½ cup water in food processor. Pulse until smooth. Mix in 3 tbsp chopped white or red onion and serve with fresh veggies or baked tortilla chips for dipping.

Cilantro Pesto

Combine 1 bunch of very fresh cilantro (bottom of stems removed) with four cloves of garlic, ¼ cup of grated Parmigiano-Reggiano cheese, 1 slice of jalapeño pepper (or ½ tsp red chili flakes), and ½ cup toasted pine nuts or blanched almonds in a food processor. Pulse with motor running, slowly pour in ½ cup extra-virgin olive oil. Add 1 tbsp lime juice and blend. Mix in sea salt to taste and toss with 6 to 8 servings of your favorite prepared whole-grain pasta.

Community, WebMD.com

Nutritious and Delicious

Reviewed by

Kathleen Zelman, MPH, RD, LN
WebMD Director of Nutrition

May 2011 | WebMD the Magazine
As she returns to Broadway in *The House of Blue Leaves*, Edie Falco opens up about beating alcoholism, getting into character as *Nurse Jackie*, and her most important role of all, mom.

Edie Falco may spend her days tending to trauma victims and juggling the hectic demands of a Lower Manhattan hospital on the set of Showtime’s dark comedy *Nurse Jackie*, but playing Jackie Peyton—a top-notch ER nurse and quick-tongued, functioning drug addict with a penchant for Percocet—is as close as the Emmy-winning actress gets to living on the edge. The only thing this mother of two craves, she says, is popcorn and curling up on the couch for cartoon movie marathons with her kids.

By Jenna Bergen, WebMD Contributing Writer
The greatest thing I’ve ever learned is acceptance,” says Falco, 47, who, in addition to gearing up for the third season of Nurse Jackie, returned to Broadway in April, starring alongside Ben Stiller in the revival of John Guare’s comedy, The House of Blue Leaves. “To just take life as it occurs, learn from it, and make it as enjoyable as possible. That’s what life is. And it’s often spectacular.”

“Spectacular” is also a fitting word for Falco’s career, which started on the stage and in indie films, then built momentum in the early ’90s with recurring roles on Law & Order, Homicide Life on the Street, and a much-talked-about role on HBO’s prison drama, Oz. Finally, in 1999, Falco skyrocketed to household-name fame when she was cast as Carmela, the outspoken, home décor–obsessed wife of New Jersey mobster Tony Soprano, on another HBO hit series, The Sopranos—a role that garnered her three Emmys and two Golden Globes as dramatic lead actress. In 2003, she became the first actress to ever claim Emmy, Golden Globe, and Screen Actor’s Guild awards in the same year. She also has appeared in the hit comedy 30 Rock, as Alec Baldwin’s love interest, and has kept up her film work, working with Harrison Ford, Julianne Moore, and other stars.

With Nurse Jackie, which debuted in 2009 on Showtime, the drama queen proves she has a knack for comedy, too. In 2010, she took home the Emmy for Outstanding Lead Actress in a Comedy Series for the show, a success Falco credits largely to her past work, working with Harrison Ford, Julianne Moore, and other stars.

But despite the dark laughs, the show also carries a serious message, one that is personal and important to Falco and the show’s executive producers, Liz Brixius and Linda Wallen, both past addicts as well. “Playing Nurse Jackie makes me grateful every day that I’m no longer living a life ruled by addiction,” says Falco. “It’s heart-breaking, in a manner what feels like that every other thing pales in comparison to feeding your addiction. It’s a great luxury to be freed from that.”

Life Lessons
Falco’s victory over alcoholism came about like many other accomplishments in her life. “It was a hard won. “It was actually unimaginal in the beginning that I could succeed because my life so revolved around alcohol,” says Falco, who credits a large part of her success to a group of pals who put down the bottle first. “Some of the closest friends in my life right now are people who got sober before me. I’ve got a very strong network of people who would simply not have it if I were to drop out of the club.”

Finding a fellowship of people who no longer drink can have a huge influence on staying sober, says Harry Haroutunian, MD, physician director of the Betty Ford Center’s Residential Treatment Programs in Rancho Mirage, Calif. “Alcoholism is a disease that loves to hide in the dark and to stay cloaked in denial, but having a fellowship accountable to a power outside of yourself,” says Haroutunian.

“For some people, that fellowship might be a support group like Alcoholics Anonymous, and for others, like Edie, it could be a group of sober friends.”

Watching a loved one struggle with addiction can make many family members feel helpless—something Falco understands, too.

“When I was little, I used to break my parents’ cigarettes all the time to get them to stop smoking. They would get furious with me, and then just go out and buy more cigarettes,” says Falco.

“It’s hard to talk to an addict who doesn’t want to hear anything. But there is a way out. You get to the point where you think there isn’t, and I can say from the other side that there is always a way out if you ask for help.”

New Beginnings
After kicking the bottle, Falco cleaned up her diet and swapped her unhealthy addiction for a healthy one: running. “Back when I drank, I didn’t exercise at all, and I decided to take better care of myself,” says Falco, who discovered she loved logging miles outdoors for the mood-boosting benefits. Then, in September 2003, Falco received the life-changing diagnosis of stage 1 breast cancer. Suddenly, exercise became much more than a way to stay fit and firm—it became a source of solace. Even on days when she was depressed over losing her hair to chemo, Falco’s runs made her feel strong and calm.

Finally, in February 2004, the clouds lifted: Falco entered remission. But despite her soaring career and regained health, she realized something was missing: she wanted to be a mom. “I had been pursuing this career for so long and living, literally, by the seat of my pants, that it never occurred to me that I would have children,” says Falco who, after graduating from the prestigious Conservatory of Theatre Arts and Film, lived in

7 Rules for Health and Happiness
Sweat for your sanity. To actor Edie Falco, the gym is for more than staying toned and trim. “It always clears my head,” says Falco, who was running up to five miles a day until knee pain recently caused her to cut back. “You feel better all day because of the endorphins running through your system. I do it more for my brain than anything else. It just makes me feel good.”

Say “yes” to siestas. “I love to nap in the afternoon,” says Falco. “I’ll grab my dog and we’ll go up in my bedroom and sleep for a few hours. It’s not consistent, but it seems like the greatest luxury in the world.”

Make exercise “me” time. As an Emmy-winning actress and a single mom of two, finding time to exercise or sneak in alone time isn’t always easy. Her solution? Combine the two. While a babysitter watches the kids, “I’ll do an exercise of some kind and listen to music,” says Falco. “It’s very quiet time, very private time.”

Don’t be crazy about cardio. In the past, if Falco had a 5 a.m. start time, she’d be up at 3:30 a.m. to work out. “I used to be sort of obsessive about exercise,” admits Falco. “But now, I fit it in where it’s manageable and reasonable. As always, just do the best you can.”

Reward yourself with a healthy treat. Forget chocolate, cookies, or cake. Falco’s must-have treat is popcorn. “There’s something about watching TV and eating popcorn that’s so satisfying,” says Falco. “It’s got all the perfect flavors, and I can almost tell myself it’s a vegetable.”

Cave to your cravings—occasionally. Though Falco mainly eats a healthy diet full of fresh fruit and vegetables and lean proteins, like fish and low-fat dairy, now and then she indulges in her favorite foods. “I go through periods of time, like the holidays, that are just ridiculous,” says Falco. “But I always go back to ground zero. I just feel better when I eat well.”

Boycott boredom. In addition to running, Falco stays active with Pilates, yoga, and the elliptical machine. “I’m always switching it up to stay interested,” says Falco. “I do it more for my brain than anything else. It just makes me feel good.”

“Run for your health.” According to a recent study, women who engage in regular physical activity were less likely to suffer bone fractures. Keep your bones strong by watching your fitness routine. Exercise your way to better health and happiness.

“Make a gym a priority.” Make fitness a priority by integrating it into your daily routine. Make time to head to the gym, and you’ll be less likely to skip a workout. Exercise your way to better health and happiness.

“Get your heart pumping.” Pump up the volume and improve your heart health by engaging in regular aerobic exercise. Exercise your way to better health and happiness.

“Tune in to the mind-body connection.” When exercising, let your mind work, and let your body do the work. Exercise your way to better health and happiness.

“Make time for a massage.” Massages help reduce stress and increase relaxation. Exercise your way to better health and happiness.

“Eat to fill your needs.” Eat a balanced diet and you’ll feel better. Exercise your way to better health and happiness.

Wellness
“I learned a capacity for love I didn’t think it would be worth it, and it didn’t seem like something I was going to get to enjoy,” Falco says. “It’s as big as it gets in one’s life. I learned a capacity for love I didn’t think it would be something I would be good at, and it didn’t seem like something I was going to get to enjoy.”

That Falco was 40 and single didn’t matter to her. She knew it was time and quickly adopted her son, Anderson, a 2008 child. In a way, all dogs are adopted.” In 2008, Falco adopted a sibling for her son, a baby girl she named Macy.

“Every human wants love, and here it was in such large quantities and in such purity that I just no longer felt that drive to go out and meet someone. I have life in my house. And I have deep friendships that are, on average, about 30 years old. My life is very full and satisfying.”

Looking Ahead
No matter how busy Falco may be, she always finds time to do more—a habit she sustains through the occasional afternoon nap and a wholesome, vegetarian diet chock-full of energizing fruits and vegetables. In 2009, she appeared in a stand-up comedy service campaign with actor Cynthia Nixon to raise awareness about the increased risk of infection during cancer treatment.

Fifteen years ago, she began studying Buddhism and recently joined a cabaret act. “I’m always doing stuff that keeps me occupied, interested, and challenged,” says Falco. “It’s just the way I stay happy.”

In addition to looking forward to seeing what season three holds for Nurse Jackie, Falco has been prepping for her return to Broadway in the role of Lucinda Lee. “I saw the play a few years ago, and I remember leaving the theater with this glowing feeling, thinking, ‘This is exactly what I want to do.’”

“Admit you have a problem.”

“Drinking more than intended at any specific time, loss of control while drinking, or continuing to drink despite adverse consequences are absolute hallmarks of this disease.”

“Find new ways to de-stress. Many people become addicted to alcohol because it eases stress and lessens anxiety,” says Haroutunian. “Drinking more than intended at any specific time, loss of control while drinking, or continuing to drink despite adverse consequences are absolute hallmarks of this disease.”

“If you attend the meetings and practice the steps on a daily basis, your chances for recovery are very, very high.”

“All that I know is that I love what I do. I just see what comes my way and what moves me.”

The moment her son, Anderson, was placed in her arms, Falco burst into tears. “It’s as big as it gets in one’s life. I learned a capacity for love I didn’t think I had. A selfless kind of love.”
The higher the SPF, the better the protection. **FALSE.** It sounds right—a sun protection factor of 100 should be twice as protective as SPF 50. But it’s only a few percentage points more effective. An SPF of 15 screens 93% of the sun’s rays and an SPF of 30 screens 97%.” But the number becomes irrelevant if you aren’t applying enough in the first place,” says Mona Gohara, MD, a dermatologist in Danbury, Conn., and an assistant clinical professor at Yale University Department of Dermatology. Studies show the average person slaps on one-seventh to one-tenth of the amount of SPF needed to reach the number that’s on the bottle. “For better protection apply 1 to 2 ounces (the size of a Ping-Pong ball) of sunscreen on your body 30 minutes before going outdoors [so your skin can absorb it completely], and every two hours after that,” Gohara says. For your face, apply a dollop the size of a silver dollar every day, no matter what the weather. Note, too, that SPF refers to protection from UVB (the burning rays) only, not UVA (the aging rays). You need to guard against both, since both can lead to skin cancer. (See “What’s in a Label?” on page 80 for ingredients to look for on sunscreen product labels.)

Sunscreen only needs to be applied to exposed skin. **TRUE.** Most sunscreens have a shelf life of about two years, says Jordana Gilman, MD, a New York City dermatologist. If you are using sunscreen properly, however, you shouldn’t have any left, since it takes about 1 to 2 ounces of sunscreen to cover the entire body, so a 4-ounce bottle should last for only four applications.

Don’t believe the hype. It may be shady outside. Your skin may be naturally tan. And you may be wearing foundation pumped with SPF. But that’s no reason to stow away your sunblock. WebMD talks to top dermatologists who reveal the biggest misconceptions about wearing sunscreen.

The heat is on! Are you covered? Our experts debunk top sunscreen myths

By Ayren Jackson-Cannady
WebMD Contributing Writer

Don’t believe the hype. It may be shady outside. Your skin may be naturally tan. And you may be wearing foundation pumped with SPF. But that’s no reason to stow away your sunblock. WebMD talks to top dermatologists who reveal the biggest misconceptions about wearing sunscreen.

Sunscreen only needs to be applied to exposed skin. **FALSE.** The average T-shirt offers an SPF of about 7, notes Gilman. Darker fabrics and tighter weaves provide more protection, but it is much safer to apply sunscreen to your entire body before you get dressed. Or better yet, wear clothing made of UV protective fabrics. These have been specially treated with colorless UV-absorbing dyes, and most offer an ultraviolet protection factor (UPF) of 50, which blocks both UVA and UVB. Don’t want to invest in a whole new summer wardrobe? Spike your detergent with a wash-in SPF product you can toss in with your laundry.

Using makeup with SPF is just like wearing regular facial sunscreen. **FALSE.** Certainly, applying makeup that contains SPF is better than skipping it altogether, but it’s not as effective as wearing a facial lotion with sunscreen underneath. Generally, most makeup cracks on skin, allowing UV rays through. “For makeup to provide adequate ultraviolet protection, it would need to be applied in a really thick layer, which most women do not do,” Gilman says. So unless you plan to spackle on your foundation, smooth on a layer of lotion with sunscreen first, and then apply your makeup.

Sunscreen can cause cancer. **FALSE.** The only way sunscreen could be hazardous to your health is if it is absorbed into the body, which does not happen, says Amy Wechsler, MD, dermatologist and author of The Mind-Beauty Connection: 9 Days to Reverse Stress Aging and Reveal More Youthful, Beautiful Skin. “UV rays break down the chemical molecules in some sunscreens relatively quickly, long before they can seep into skin.” Still concerned? Use a sunscreen containing physical blocking ingredients such as zinc oxide and titanium oxide, which stay on the surface of the skin as a protective barrier. Don’t be tempted to use babies’ or children’s sunscreens, which don’t necessarily
"Antioxidants are a good way to catch the UV radiation that ‘sneaks’ past the sunscreen."

Wearing sunscreen can lead to vitamin D deficiency. **FALSE.** There’s no denying that our bodies need vitamin D (which can be obtained though sun exposure) to function—with it, the body can’t use calcium or phosphorus (minerals necessary for healthy bones). And according to a study published in Archives of Internal Medicine, three-quarters of Americans are deficient in the crucial vitamin. But that doesn’t give you a no-SPF pass. "You still get enough sun to make plenty of vitamin D through the sunscreen," says Brett Coldiron, MD, a dermatologist at the University of Cincinnati. If you’re worried about vitamin D deficiency leading to brittle bones, Wechsler says, ask your doctor about taking a supplement. The Institute of Medicine’s recently revised guidelines recommend most adults get 600 international units a day; some people may need more.

**“Waterproof” sunscreen doesn’t need to be reapplied after swimming.**  
**FALSE.** It’s no surprise researchers at the Colorado School of Public Health recently found that vacations near the water were associated with a 5% increase in small skin moles, which in turn boosts a person’s risk of melanoma. While the FDA recognizes the term “water resistant” (which means a sunscreen offers SPF protection after 40 minutes of exposure to water), it does not acknowledge the term “waterproof.” “No sunscreen is truly waterproof,” Wechsler confirms. Sunscreen should be reapplied every two to three hours—and every time you get out of the water if you’re doing laps in the pool or splashing around in the ocean.

**Sunscreen with antioxidants provides better UVA/UVB protection.** **TRUE.** While they aren’t necessarily active sunscreen ingredients, antioxidants are great SPF supplements. Sunscreen alone does not block all of the damaging rays from the sun—even an SPF of 50 blocks out only 98% of UV rays. “Antioxidants are a good way to catch the UV radiation that ‘sneaks’ past the sunscreen,” Gobara says. Sunscreens infused with antioxidants such as skin-loving green tea extract or polyphenols from tomatoes and berries are proven to reduce the formation of free radicals (small chemical particles that wreak havoc on skin and can cause skin cancer) in the presence of UV light.

**WHAT’S IN A LABEL?**

To ensure that you’re getting the best protection possible, look for a broad-spectrum UVA/UVB sunscreen. How do you know you have the right product? Even if the front label of the bottle advertises UVA and UVB protection, turn to the back and scan for a combination of these ingredients. Sometimes the front labels can be misleading.

These ingredients block UVA rays (the rays that cause aging):
- Avobenzone
- Eczamule (Mexoryl)
- Zinc oxide
- Titanium dioxide

These ingredients block UVB rays (the rays that burn skin):
- Octyl methoxycinnamate
- Octyl salicylate
- Decylcylene
- Zinc oxide
- Titanium dioxide

**Always running to the bathroom?**

Maybe your internal plumbing isn’t working like it should. This checklist can help you talk to your doctor about it.

If you answered “Yes” to any of these, tear out this checklist and talk to your doctor about your results. Only your doctor can determine if you have overactive bladder. Once-daily Vesicare is proven to treat overactive bladder with symptoms of frequent urges and leaks.* That’s because it can help control your bladder muscle, day and night. So ask your doctor about taking care with Vesicare.

*Results may vary.

**USE AND DOSE**  
Vesicare is for overactive bladder with symptoms of urgency, frequency, and leakage. The recommended dose of Vesicare is 5 mg once daily. If the 5-mg dose is well tolerated, your doctor may increase the dose to 10 mg once daily.

**IMPORTANT SAFETY INFORMATION**  
Vesicare is not for everyone. If you have certain stomach or glaucoma problems, or trouble emptying your bladder, do not take Vesicare. Vesicare may cause allergic reactions that may be serious. If you experience swelling of the face, lips, throat or tongue, stop taking Vesicare and get emergency help. Tell your doctor right away if you have severe abdominal pain, or become constipated for three or more days. Vesicare may cause blurred vision, so use caution while driving or doing unsafe tasks. Common side effects are dry mouth, constipation, and indigestion. Please see Important Patient Information on the following page.

**First 30-day prescription free** at vesicare.com, or call (800) 403-6565.  
*Subject to eligibility. Restrictions may apply.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.
WHAT’S YOUR RISK?

When 24-year-old tabbiecat_PCSM asked the WebMD skin cancer community about a mole on the back of her thigh, the moderator quickly responded. “Because skin cancer runs in your family and you are worried, I would definitely get it checked out,” she wrote. Family history is just one risk factor for melanoma. Do you know the others?

1. Do you have fair or freckled skin that burns easily?  
   • Yes  
   • No

2. Do you have light-colored eyes or red or blond hair?  
   • Yes  
   • No

3. Have you had a lot of sun exposure or a history of blistering sunburns?  
   • Yes  
   • No

4. Do you have a family history of melanoma?  
   • Yes  
   • No

5. Do you have many large, irregularly shaped moles?  
   • Yes  
   • No

Answers: Each is a risk factor for skin cancer. Sun exposure and sunburns are big risk factors; most skin cancers occur on areas that have been regularly exposed to the sun. People with light eyes, skin, and hair are at greatest risk—even during cold-weather months. But even those with darker complexions can get all forms of skin cancer, so everyone should practice sun safety. Having lots of large, irregular moles makes you more likely to get a form of skin cancer called melanoma. So can a family history of melanoma or severe, blistering sunburns during childhood or adolescence. Ask your doctor to examine irregular moles, and make a thorough skin exam part of your regular checkups.

BEST FOR FACE
La Roche-Posay Anthelios 60 Ultra Light Sunscreen Fluid ($29.50) is made with a filtering system of avobenzone and octocrylene to protect against both UVA and UVB rays, while boosting photostability (the rate at which a sunscreen breaks down under sunlight).

Hawaiian Tropic Sensitive Skin Oil-Free Face Lotion SPF 30 ($6.99) is lightweight and nongreasy—a great option for those with sensitive or acne-prone skin.

BEST FOR BODY
Aveeno Positively Ageless Sunblock Lotion SPF 70 ($11.99) is infused with fewer, soy, and vitamin E, powerful antioxidants.

Lubriderm Advanced Therapy SPF 30 Lotion ($8.99), which is pumped with a healthy dose of vitamins B5 and E, dries on contact (non-SPF formula pictured).

BEST FOR LIPS
Nivea A Kiss Of Protection Lip Care SPF 30 ($2.49) contains sun-shielding titanium dioxide, plus moisturizing shea butter to protect your pout.

BEST FOR SPORTS
Neutrogena Wet Skin Sunblock Spray SPF 85 ($8.99) can be applied over wet skin after swimming or exercising (and it doesn’t leave white marks!).

FOR YOUR LAUNDRY
Spike your detergent with SunGuard ($1.99), a powder laundry aid that amps up the ultraviolet protection factor (UPF) of your clothing to 30 and lasts through 20 washes.

The opinions expressed on this page are of the experts and are not the opinions of WebMD. WebMD does not endorse any specific product, service, or treatment.
Tired Truths

Why are you so fatigued? We asked leading health experts about the reasons so many women are exhausted. Here are the 7 culprits they say are most often to blame.

By Stephanie Watson, WebMD Contributing Writer

Worn out and weary, women across the country named fatigue among their top five health concerns of 2010 in WebMD’s annual Year in Health survey (the other four were period problems, “superfoods” best for nutrition, thyroid conditions, and sex and relationship issues). Here are seven of the biggest reasons you may be dragging, and ways to put the spring back into your step.

Illustrations by Scott Bakal

Reviewed by Brunilda Nazario, MD
WEBMD SENIOR MEDICAL EDITOR
When your heart isn’t pumping efficiently, it can’t get enough blood out to your body, and that can make you tired.”

WebMD the Magazine  |  May 2011

75
Diabetes isn’t just a disorder of the pancreas—it also can cause serious complications in other parts of your body. That’s why it’s important to pay close attention to your symptoms. “The pain in your foot could be neuropathy due to high blood sugar,” MrsCora01 posted to a WebMD member in our diabetes community recently. “You should see your doctor.”

Do you know these four ways diabetes can affect your overall health?

Your Vision
Get a dilated eye exam once a year. Diabetes can cause small blood vessels to leak into the retina, leading to blurry vision and possibly blindness. Cataracts and glaucoma can develop, too.

Your Mouth
See your dentist twice a year. High blood sugar from diabetes makes tooth and gum problems more likely.

Your Skin
Moisturize and check it often. Diabetes can cause your skin to become dry, itchy, and cracked. When the skin is injured, germs can enter and spur infection.

Your Feet
Keep an eye on your feet. Diabetes can cause nerve damage and circulation problems, which in turn can lead to serious foot problems, such as infections that are slow to heal and, in extreme cases, amputation. Every day, check your feet thoroughly for cuts, cracks, redness, swelling, sores, blisters, calluses, splinters, and other injuries.

Questions for Your Doctor

1. Should I see a diabetes educator to learn more about body care?
2. What kinds of things can I prevent? What steps should I take?
3. When I examine my body, what warning signs should I watch for?
4. What tests do I need to check diabetes complications? How often?

Get the 411: Diabetes

Sign up for the latest news and lifestyle management tips—delivered directly to your email inbox! Go to WebMD.com and search for “diabetes newsletter.”

DID YOU KNOW?

If you have diabetes, smoking makes you prone to gum disease, especially if you’re 45 or older.

IBS can be painful, but it does not damage the bowel or cause any other conditions.

Could You Have IBS?

Plenty of people have trouble with their digestive system—but it’s not always easy to figure out what you have. “I’m not quite sure how Irritable Bowel Syndrome starts,” Anon_81297 wrote to the IBS support community, “but for about 2 or 3 months now I’ve had diarrhea after nearly every meal. It doesn’t matter what I eat, it all gives me diarrhea about 10 minutes after eating.” Diarrhea can be a symptom of IBS (as well as other conditions). Here are some other signs:

- You have frequent abdominal pain.
- Your stomach feels bloated.
- Having a bowel movement relieves the ache or discomfort.
- How often you have a bowel movement has changed.
- The stool comes out lumpy and hard or loose and watery.
- Having a bowel movement feels uncontrollably urgent, difficult to pass, or unfinished.
- You notice mucus in the stool.

Answer: These problems are among the most common symptoms of IBS, though everyone’s case is different—and may not indicate IBS at all, but some other digestive condition. Tell your doctor about any symptoms you have. If you do have IBS, you can find relief with lifestyle changes and medications.

Questions for Your Doctor

1. What types of things will trigger my symptoms? How can I prevent this?
2. How does stress contribute to my condition? What can I do about it?
3. When I examine my body, what warning signs should I watch for?
4. What types of medications are available? Are they right for me?

Get the 411: Diet

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Source: Centers for Disease Control, the National Institute of Diabetes and Digestive and Kidney Diseases, the Agency for Healthcare Research and Quality, and the Diabetes Health Center

Source: National Digestive Diseases Information Clearinghouse, the American College of Gastroenterology, and the Irritable Bowel Syndrome Health Center

IBS

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Questions for Your Doctor

1. What types of things will trigger my symptoms? How can I prevent this?
2. How does stress contribute to my condition? What can I do about it?
3. What dietary, fitness, and other lifestyle changes should I consider?
4. What types of medications are available? Are they right for me?

Get the 411: Diet

Sign up for the latest news and lifestyle management tips—delivered directly to your email inbox! Go to WebMD.com and search for “GI disorders newsletter.”

Source: Centers for Disease Control, the National Institute of Diabetes and Digestive and Kidney Diseases, the Agency for Healthcare Research and Quality, and the Diabetes Health Center

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Source: National Digestive Diseases Information Clearinghouse, the American College of Gastroenterology, and the Irritable Bowel Syndrome Health Center
Talk of allergies is common this time of year—and some people have them worse than others. “My husband has suffered from seasonal allergies for the past 4 years,” jermanda23 posts in WebMD’s allergies community. “During the fall and spring, he will spend the entire season with symptoms like sneezing constantly, eyes swollen and watery, and runny nose. He can barely function.” Sound familiar? Take our quiz to find out if you have allergies, too.

### Questions for Your Doctor

1. **What is causing my allergy symptoms? What kind of allergies do I have?**
2. **What are my treatment options? What lifestyle changes can I make?**
3. **Will allergy shots work for me? How often will I need to get them?**
4. **Will I need to take medications in conjunction with shots?**

### Get the 411: Allergies

Sign up for the latest news and lifestyle management tips—delivered directly to your email inbox! Go to WebMD.com and search for “allergies newsletter.”

### 17.7 million:
the number of American adults who have hay fever.

### 7.2 million:
American children also have this allergy.

### Did You Know?

WebMD also provides tips and tools to keep your pet healthy!

### Inside

**HealthyPets**

you’ll find:

- Information on pet symptoms and conditions
- Tried and tested solutions to pet behavior problems
- From recalls to new medications – the latest pet health news
- Ask a Vet: Access experts in our WebMD Pet Health Community

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**Check Your Top Allergy Symptoms**

Nasal congestion
- Never
- 1-2 weeks
- 2 months
- 6 months
- All year

Runny nose
- Never
- 1-2 weeks
- 2 months
- 6 months
- All year

Itchy eyes or nose
- Never
- 1-2 weeks
- 2 months
- 6 months
- All year

Red eyes
- Never
- 1-2 weeks
- 2 months
- 6 months
- All year

Sneezing
- Never
- 1-2 weeks
- 2 months
- 6 months
- All year

**Answer:** If you marked two or more symptoms for more than one to two weeks out of the year, you may have an allergy. Talk with your doctor.
PAINFUL TRUTHS

Millions of people suffer from chronic pain in this country, and it's not just the pain that hurts them. “Living with chronic pain can be so lonely at times,” Anon_153921 told the WebMD back pain community recently, “because if you have not suffered pain you really don’t understand.” How much do you know about chronic pain? Take our quiz to find out.

1. Migraines and severe headaches are most common among postmenopausal women.
   - True
   - False

2. The shoulder is the most common site of joint pain.
   - True
   - False

3. People with recent lower back pain are twice as likely to be psychologically distressed as those without back pain.
   - True
   - False

4. Diabetes can cause chronic pain.
   - True
   - False

Answers: 1. False. These headaches are most common during women’s childbearing years. Migraines and severe headaches affect twice as many women as men—21% compared to 10%.

2. False. Knees top the joint pain list, followed by the shoulder, fingers, and hips.

3. True. Recent back pain is more common in women than in men.

4. False. The true number is higher. People with recent back pain are more than four times as likely to report serious psychological distress as those without back pain, according to a 2006 U.S. government survey on the nation’s health. Back pain also disrupts daily life. In the same survey, 28% of adults who reported low back pain said a chronic condition limited their activity, compared with only 10% of adults who did not report low back pain. True. Diabetes can cause nerve damage that leads to chronic pain in hands, arms, feet, legs, and other areas.

DID YOU KNOW?

People with chronic pain are at risk for sleep disorders, depression, and drug abuse.

QUESTIONS FOR YOUR DOCTOR

1. What is causing my chronic pain? Should I see a specialist?
   - True
   - False

2. Will medication, steroid injections, or surgery help my type of pain?
   - True
   - False

3. Are there alternative therapies that can help me?
   - True
   - False

4. Can counseling help me address pain-related emotional issues?
   - True
   - False

Sign up for the latest news and lifestyle management tips—delivered directly to your email inbox! Go to WebMD.com and search for “chronic pain newsletter.”

Heart attack smartS

Heart attacks can have a lot of symptoms beyond the crushing chest pain so often dramatized in movies. Take the case of Aacro, a 22-year-old man who recently posted in WebMD’s heart disease community. “I get these symptoms—chest pain all over, feeling like something is in the middle of my chest (sorta burning feeling),…” he writes. “When I stand, my heart beats harder, increasing my pulse from 70 to over 100… Always just feeling like there’s something wrong with my heart.” Only a doctor can really tell Aacro what’s going on. How much do you know about heart attacks?

Answers:
1. Most heart attacks occur suddenly, without warning
   - True
   - False

2. The medical term for heart attack—myocardial infarction—means “death of heart muscle.”
   - True
   - False

3. Women rarely have heart attacks.
   - True
   - False

4. You can have a “silent” heart attack.
   - True
   - False

Register at lightthenight.org to help in the fight against blood cancers.
DID YOU KNOW?

During middle age, sleep patterns alter: We wake up more than in our younger years.

DO YOU HAVE GOOD SLEEP HABITS?

schraderj4, a member of the WebMD sleep disorders community, doesn’t have a problem falling asleep. Her problem, she posted recently, “is STAYING asleep! I sleep for about an hour at a time, sometimes a little more or less. It affects everything in my life now as I am always tired, can’t remember things I’ve known for years, can’t concentrate on simple tasks.”

schraderj4 may have a problem with her sleep habits, also called “sleep hygiene.” Do you know how the following factors can affect your sleep?

1. Do you watch TV, eat, or discuss emotional issues in bed?
   - Yes
   - No

2. Do you drink fluids after 8 p.m.?
   - Yes
   - No

3. Do you smoke or drink alcohol before sleeping?
   - Yes
   - No

4. Do you exercise before bedtime?
   - Yes
   - No

5. Does your pet sleep with you?
   - Yes
   - No

Answers: If you answered “yes” to any question, you may need to improve your sleep hygiene. 1. Use your bed only for sleeping or sex; associating it with other activities can make it harder for you to fall asleep. 2. Exercising regularly makes it easier to fall asleep and contributes to sounder sleep, but do it at least five hours before bedtime. 3. Nicotine is actually a stimulant. Alcohol may help you fall asleep, but it can disrupt your sleep. 4. Exercising regularly makes it easier to fall asleep and contributes to sounder sleep, but do it at least five hours before bedtime. 5. Keep pets out of your bed so they don’t wake you or trigger allergic reactions. If you improve your sleep habits and still don’t sleep well, talk with your doctor.

Source: National Sleep Foundation; the National Heart, Lung, and Blood Institute; and the WebMD Sleep Disorders Health Center

QUICK TIPS

Exercising regularly makes it easier to fall asleep, but it can disrupt your sleep.

Could your blues be depression?

Anon_55577 is 22, married, and the mother of two. She loves her husband but, she says, “we are so utterly broke.” She feels guilty for not making more money, she’s losing weight, she has no energy, and she doesn’t want to leave her house. “Am I possibly feeling depressed, or are these things that everyone deals with and just a part of becoming an adult?” she asked the WebMD depression community recently. How much do you know about the symptoms of depression?

1. Depressed mood
   - Yes
   - No

2. Little or no interest in activities
   - Yes
   - No

3. Sudden weight gain or loss (at least 5 pounds)
   - Yes
   - No

4. Change in appetite
   - Yes
   - No

5. Trouble sleeping
   - Yes
   - No

6. Feeling tired or loss of energy
   - Yes
   - No

Answers: If you notice you have five or more of these symptoms for two weeks or more, and they are interfering with your life, talk to your doctor. You could have depression, and depression can be treated.

Source: National Institute of Health and the WebMD Depression Health Center

Quiz

Sign up for the latest news and lifestyle management tips—delivered directly to your email inbox! Go to WebMD.com and search for “emotional wellness newsletter.”

Source: National Sleep Foundation; the National Heart, Lung, and Blood Institute; and the WebMD Sleep Disorders Health Center

Questions for Your Doctor

1. What are some things I can do to improve my sleep?
2. Do I have health or psychological problems that might be affecting my sleep?
3. What are the common types of sleep disorders? Could I have one?
4. Do I need to see a sleep specialist? What can I expect at that appointment?

Answers:

- Do you watch TV, eat, or discuss emotional issues in bed?
  - Yes
  - No
- Do you drink fluids after 8 p.m.?
  - Yes
  - No
- Do you smoke or drink alcohol before sleeping?
  - Yes
  - No
- Do you exercise before bedtime?
  - Yes
  - No
- Does your pet sleep with you?
  - Yes
  - No

Source: National Sleep Foundation; the National Heart, Lung, and Blood Institute; and the WebMD Sleep Disorders Health Center
BETHANY HAMILTON  SURFER

It’s been more than seven years since you were attacked by a shark while surfing in your native Hawaii as a 13-year-old. Despite losing your arm, you’ve gone on to a career as a professional surfer, competing all over the world. Your autobiography recently hit the big screen in the movie Soul Surfer, where you’re played by AnnaSophia Robb and which also stars Dennis Quaid and Helen Hunt. Did you immediately know you had to get back to surfing, or did you worry you might have ridden your last wave?

At first, my family and I were just grateful that I was even alive. It was kind of a miracle because I lost more than 60% of my blood. But I knew I wanted to try surfing again. I had a really good doctor and he encouraged me by saying, “There’s a long list of things you’ll be able to do, and a very short list of things you won’t be able to do.” And it’s true—there really aren’t many things I can’t do.

What was it like when you got back in the water?

I went out for the first time about two weeks after I got out of the hospital. Once I got up on the board and was riding, it came back naturally. It just took time and creativity to figure out how to paddle out with only one arm.

You’ve been able to inspire people—especially young people—through your story. What lessons do you try to impart?

We all go through hard times and struggles, and I just try to encourage kids that they can overcome those problems. Look what happened to me, and I still continued my dream of being a professional surfer.

What health condition would you like to see eradicated in your lifetime?

Obesity. It’s an epidemic that’s taking over, and it leads to a lot of other diseases. I want to encourage the youth of America to eat healthier and exercise. A lot of schools are taking out PE, which is awful because it’s like taking away a big part of a child’s health. If you’re healthy, life can be so much more adventurous and fun and successful.

What is your best health habit?

I have a lot, but my favorite is surfing. It’s a really good place to go where you can be strong and get exercise and sunshine.

What’s your worst health habit?

I consider myself pretty healthy. Let me see…for me, something unhealthy is some dark chocolate. Does that count?

Barely! You don’t ever crave a cheeseburger or french fries?

I’ll have a couple fries if they’re cooked in good oil. I don’t eat hydrogenated oil or fast food at all. I like chocolate pudding, but I have this recipe that I make: I’ll get a packet of unsweetened acai and avocado and chocolate powder and blend that up with a little bit of honey and maybe a dash of mint. It’s really good.

What is your favorite part of your body?

I don’t know! I guess I like my smile.

Are you excited about seeing your life story in a movie theater?

Yes! I just saw the final finished product and it turned out amazing. It’s really inspirational and something I hope people can relate to if they’re going through a hard time. And for people who haven’t been around the ocean much, you really experience the power and the beauty of it.

Are you scared of sharks now?

I’m not that scared, actually. There are certain times when the water is murky or brown and no one is out on the ocean with me that it can get kind of eerie. But for the most part, I’m fine.—Jula Dahl

Read Bethany Hamilton’s full interview.
Gerber recommends breastmilk as the best start for babies. All trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland. © 2010

If your baby shows any of these signs, talk to your pediatrician. include pain and fussiness, breathing problems, and poor weight gain. GERD symptoms can last at least a little bit with almost every feeding. For most babies, these spit-ups don’t cause any problems. As long as your baby isn’t very fussy and is growing well, ordinary reflux episodes don’t need any treatment. Typically, the lower esophageal valve tightens up sometime in the first year, and spitting lessens.

Every baby spits up, or reflexes, occasionally. Some babies may spit up at least a little bit with almost every feeding. For most babies, these spit-ups don’t cause any problems. As long as your baby isn’t very fussy and is growing well, ordinary reflux episodes don’t need any treatment. Typically, the lower esophageal valve tightens up sometime in the first year, and spitting lessens.

Reflex is called gastroesophageal reflux disease or GERD when the spitting up is causing significant problems. GERD symptoms can include pain and fussiness, breathing problems, and poor weight gain. If your baby shows any of these signs, talk to your pediatrician.

Feed Back  Get the 411 on spitting, burping, and bottles

Q What are some common bottle-feeding do’s and don’ts?

A The main thing is to engage in lots of trial-and-error to be sure you find a bottle and nipple combination that works for your baby. Don’t stock up on too many of the same kind of bottle unless you know she is going to take it well. When you’re bottle-feeding, make sure milk is filling up the nipple. Otherwise, she could swallow a lot of air. One problem is the way parents position babies. Some lay them completely flat, which can make babies choke when feeding on the bottle. Be sure to have your baby semi-inclined or upright.

Another common mistake is prop-ping the bottle. Don’t prop it—it can be a choking hazard. That is also why you should always be present when your baby is feeding, even when she’s old enough to hold her own bottle.

If an infant is going to burp, it will usually happen in the first minute or two after feeding. Still, some parents worry if their baby doesn’t burp, but it’s OK. Some babies just don’t burp very well, and some don’t need to very often. A lot of babies will burp on their own, but for the first few months, most do need a little help. If your baby hasn’t burped and you feel she needs to, put her in your lap in a sitting position and tap her back gently.
Do natural childbirth and the quadratic equation share a common denominator?

It just might be Danica McKellar, the former child actress who first stole hearts as Winnie Cooper on the late ‘80s hit show The Wonder Years before carving out a new niche as a math advocate for girls with three best-selling books: Math Doesn’t Suck; How to Survive Middle School Math Without Losing Your Mind or Breaking a Nail; Kiss My Math: Showing Pre-Algebra Who’s Boss; and Hot X: Algebra Exposed. After a miscarriage in October 2009, McKellar and husband, composer Mike Verta, decided to keep mum when she found herself pregnant again just months later—even when Maxim magazine asked her to do a sexy lingerie shoot timed to when she was 11 weeks along. "I wasn’t really showing yet, but I couldn’t suck in my stomach," she laughs about the photos. "Let’s just say no one asked me if I’d had any work done," she adds, referring to her suddenly swollen breasts.

Her discipline translated to other areas: She gave up sugar, white flour, gluten, anything artificial, caffeine, and alcohol during pregnancy and continues with the same diet now that she’s breastfeeding.


"During the toughest moments," McKellar tells WebMD of her 36-hour labor, "I kept thinking about what I tell my readers about their abilities in math, and it resonated with labor, too. You’re more capable than you think you are." Which is not to say McKellar didn’t struggle, like many girls do as they tackle algebraic problems just as puberty hits, as she rode out one painful contraction after another. She faced moments where she wanted to quit. With the support of her doctor, her husband, and her doula (birth coach) and the practice of self-hypnosis, she got through her long labor.

"My goal was to do natural childbirth," she explains. "But I didn’t know if it would [fully] go that way until the baby was actually born." McKellar gave birth to her son, Draco—named for a constellation in the sky—"on Labor Day" she says, in a Los Angeles-area hospital under the supervision of a doctor, who happily worked with her doula. "I wanted Western medicine close. I wanted to be prepared, just in case.”

McKellar’s reward, she says, for resisting an epidural (pain medications delivered through a needle inserted into the spinal cord, numbing the spinal nerves that cause feeling in the lower body) was that she was alert and mobile enough to “pull out Draco myself.” When her baby was ready, her doctor invited her to sit up and “come and get him!” Reaming, she relates, “It was one of the most amazing moments of my life.”

"The same holds true for nursing," McKellar believes. "Some women and babies face physical challenges that make it impossible, while others simply need support and professional help to get over the initial hurdles: difficult latching, sore nipples, low milk supply, and mastitis, a painful breast infection, all of which McKellar had. If a woman can breastfeed, there are significant health benefits for both mother and baby, says Neifert, including a lower risk of ear infections, asthma, and type 1 and 2 diabetes for babies, and a reduced risk of type 2 diabetes as well as breast and ovarian cancers for women, she says.

Still acting (McKellar has done TV guest spots on ABC’s How I Met Your Mother and CBS’s The Big Bang Theory, and voices an animated character on Trug Jr Jazz for Cartoon Network) even as she celebrates her third best-seller, she’s loving motherhood so much that she and her husband are already planning for baby No. 2. "The plan is to have them two and a half years apart," she says, calculating the optimal time between siblings. Which means, if you do the math, she’ll be pregnant again this time next year. Stay tuned. •
Bottle Recap

By Wendy Fries, WebMD Contributing Writer

When it comes to baby bottles, nipples, bibs, and more, the array of choices facing new parents can be confusing: Should you go with glass, plastic, or disposable bottles? Should bottles be BPA-free? Do you need a bottle warmer and sterilizer? We cover the essentials.

BOTTLES
Which should you choose? Ask for advice from friends, family, or your baby’s pediatrician, or try several kinds to see which you and your baby like best. There are three basic choices of baby bottles.

Glass
Pros: Glass bottles last a long time and can also be deep-cleaned by boiling.
Cons: They’re heavier than plastic and may shatter if dropped.

Plastic
Pros: These are essentially reusable plastic bottles that use a disposable sterilized line for each feeding. They’re very convenient for quick cleanups.
Cons: The disposable inserts may not be environmentally sound, and the bottles are usually more expensive than regular plastic or glass.

Disposable
Pros: These are essentially reusable plastic bottles that use a disposable sterilized line for each feeding. They’re very convenient for quick cleanups.
Cons: The disposable inserts may not be environmentally sound, and the bottles are usually more expensive than regular plastic or glass.

NIPPLES
Baby bottle nipples are usually rubber or silicone and may be rounded, wide, flat, or shaped to mimic mother’s nipple when in baby’s mouth. Depending on the size of the nipple hole, they also have different flow rates, from slow to fast.

As with baby bottles, babies may show a preference for a certain nipple type. To get started, ask friends, family, and your baby’s doctor which types and brands they like most.

Plan on buying at least 12 nipples and covers, but because nipples crack and leak with use, you may end up buying more over time.

BOTTLE GEAR
Bottles and nipples are just the beginning, manufacturers offer a big assortment of feeding accessories, from brushes and bottle carrying cases to sterilizers and special dishwasher bottle baskets.

Pediatricians and parents generally agree that it’s helpful to have:
• 1 baby bottle brush
• 1 nipple brush
• 6 to 12 bibs
• 12 burp cloths

Don’t sterilize glass baby bottles and nipples before use. (That was necessary in the past, when municipal water supplies were not as reliably clean as they are now.) Do, however, sterilize new glass baby bottles and nipples by putting them in boiling water for five minutes.

How to choose the right one for your baby

Tips

Don’t sterilize glass baby bottles and nipples before use. (That was necessary in the past, when municipal water supplies were not as reliably clean as they are now.) Do, however, sterilize new glass baby bottles and nipples by putting them in boiling water for five minutes.

Do replace a plastic baby bottle if it’s cracked, leaks, is discolored, or smells bad.

What are the must-have diaper bag essentials?
WebMD.com

Cry Baby

What her wails really mean, and how to soothe her like a pro

By Susan Davis, WebMD Contributing Writer

All babies cry. It’s a basic way of communicating their wants and needs. But for many new parents, a crying baby can be frustrating and heart-rending. Fortunately, parents can do a lot to help their little ones calm down and be happy.

To start, think of your newborn as not entirely ready to be out of the womb. “I believe the key to understanding babies is to recognize that they come into the world three months before they’re fully ready,” says Harvey Karp, MD, an assistant professor of pediatrics at the USC School of Medicine and author of The Happiest Baby on the Block. 

“Why is one of the biggest causes of soothing your baby—and getting some extra sleep for you—so that your baby doesn’t have to go from side to side is that sign of hunger in a young baby. Hiccupping, bloating, and drooping eyelids can be signs of fatigue. Looking away is often a sign of overstimulation. It means ‘I need a little break.’

Frowning, grunting, and straining can be signs of fatigue.

If you’ve ruled out these problems and your baby is still fussy, you may have a more serious issue on your hands. Babies who cry loudly for several hours a day may have ‘colic,’ which can start around two weeks of age and end at three or four months. Although associated with abdominal discomfort, ‘colic’ in babies refers simply to daily, extended crying spells (usually for three hours or more). Other symptoms of colic include crying that worsens in the evening, a worried or pained look on the baby’s face, and crying that starts during or after a meal.

But even a colicky baby who seems to be screaming in pain can be soothed, Karp notes. “Crying doesn’t necessarily spell crisis. The vast majority of fussy babies are just homoseck for the S’s that constantly calm them in the womb.”

Here are Karp’s S’s—things you can do to imitate the environment in your womb and trigger your little one’s calming reflexes.

Swaddling: Wrapping your baby snugly in a blanket is ‘the cornerstone of calming,’ Karp says. The arms should be snug and straight; the hips should have some wiggle room.

Side or stomach position: Babies should always sleep on their backs. But to soothe a baby, hold her in your arms either on her stomach or resting on her side.

Shushing: White noise can be a young baby’s best friend because the noise in the womb is “as loud as a vacuum,” Karp notes. Try making a loud and steady ‘shhhhh’ noise to calm your baby.

Swinging: Whether it’s bouncing or something slower, rhythmic motions replicate movement in the womb. Remember to be gentle when using motion to soothe.

When to call the doc
Sometimes crying is a sign of true illness. That’s why a doctor should examine a baby that you just can’t soothe. “Babies don’t have strong immune systems and can get very sick very fast,” Karp says. “And the younger they are, the less prepared their immune systems are to fight off infection. It’s always better to be safe than sorry.”

Warning signs of illness include:
- Rectal temperature of 100.4°F or more
- Rash
- Cough, congestion or breathing problems
- Vomiting and/or diarrhea
- Not looking well or not feeding well
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