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CAMERON DIAZ

She wrote the book
on how to age with
confidence and joy

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FOR MODERATE TO SEVERE RA

Feet were made for splashing, not for RA.

DISCOVER XELJANZ®, AND ONCE-DAILY XELJANZ XR®

XELJANZ (tofacitinib citrate) can reduce joint pain and swelling in as little as two weeks.*

If you used to love doing it, don't let RA stop you from getting back to it. XELJANZ is a small pill, not an injection or infusion, for adults with moderate to severe RA for whom methotrexate did not work well.

ASK YOUR RHEUMATOLOGIST IF XELJANZ IS RIGHT FOR YOU

*Individual results may vary

X-rays show
that XELJANZ helps
stop further joint
damage.

What is XELJANZ/XELJANZ XR?

XELJANZ/XELJANZ XR is a prescription medicine called a Janus kinase (JAK) inhibitor. XELJANZ/XELJANZ XR is used to treat adults with moderately to severely active rheumatoid arthritis in which methotrexate did not work well.

- It is not known if XELJANZ/XELJANZ XR is safe and effective in people with hepatitis B or C.
- XELJANZ/XELJANZ XR is not for people with severe liver problems.
- It is not known if XELJANZ/XELJANZ XR is safe and effective in children.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about XELJANZ/XELJANZ XR?

Serious infections. XELJANZ/XELJANZ XR can lower the ability of your immune system to fight infections. Some people can have serious infections while taking XELJANZ/XELJANZ XR, 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 healthcare provider should test you for TB before starting XELJANZ/XELJANZ XR, and monitor you closely for signs and symptoms of TB infection during treatment. You should not start taking XELJANZ/XELJANZ XR if you have any kind of infection unless your healthcare provider tells you it is okay.

You may be at a higher risk of developing shingles.

Cancer and immune system problems. XELJANZ/XELJANZ XR may increase your risk of certain cancers by changing the way your immune system works. Lymphoma and other cancers, including skin cancers, have happened in patients taking XELJANZ/XELJANZ XR.

Some people who have taken XELJANZ with certain other medicines to prevent kidney transplant rejection have had a problem with certain white blood cells growing out of control (Epstein Barr Virus-associated post-transplant lymphoproliferative disorder).

Tears (perforation) in the stomach or intestines. Some people taking XELJANZ/XELJANZ XR can 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.

Changes in lab test results. Your healthcare provider should do blood tests before you start receiving XELJANZ/XELJANZ XR, and at certain times while you are taking XELJANZ/XELJANZ XR, to check for the following side effects:

- **changes in lymphocyte counts.** Lymphocytes are white blood cells that help the body fight off infections.
- **low neutrophil counts.** Neutrophils are white blood cells that help the body fight off infections.
- **low red blood cell count.** This may mean that you have anemia, which may make you feel weak and tired.

Your healthcare provider should also routinely check certain liver tests. You should not receive XELJANZ/XELJANZ XR if your lymphocyte count, neutrophil count, or red blood cell count is too low or your liver tests are too high. Your healthcare provider may stop your XELJANZ/XELJANZ XR treatment for a period of time if needed because of changes in these blood test results. Your healthcare provider should do blood tests to check your cholesterol levels 4-8 weeks after you start XELJANZ/XELJANZ XR, and as needed after that.

Before taking XELJANZ/XELJANZ XR, tell your healthcare provider if you:

- think you have an infection or have symptoms of an infection such as fever, sweating, or chills; cough; blood in phlegm; warm, red, or painful skin or sores on your body; burning when you urinate or urinating more often than normal; muscle aches; shortness of breath; weight loss; diarrhea or stomach pain; or feeling very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections
- have TB, or have been in close contact with someone with TB
- live or have lived in, 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, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use XELJANZ/XELJANZ XR. 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 or C or liver problems
- have ever had any type of cancer
- have kidney problems

- have any stomach area (abdominal) pain or been diagnosed with diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines or narrowing within your digestive tract
- have had a reaction to tofacitinib or any of the ingredients in XELJANZ/XELJANZ XR
- have recently received or are scheduled to receive a vaccine. People taking XELJANZ/XELJANZ XR should not receive live vaccines but can receive non-live vaccines
- have any other medical conditions
- plan to become pregnant or are pregnant. It is not known if XELJANZ/XELJANZ XR will harm an unborn baby

Pregnancy Registry: Pfizer has a registry for pregnant women who take XELJANZ/XELJANZ XR. 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 XELJANZ/XELJANZ XR, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry at 1-877-311-8972 to enroll

- plan to breastfeed or are breastfeeding

After starting XELJANZ/XELJANZ XR, call your healthcare provider right away if you have any symptoms of an infection. XELJANZ/XELJANZ XR can make you more likely to get infections or make worse any infection that you have.

Tell your healthcare provider about all of the medicines you take, especially any other medicines to treat your rheumatoid arthritis.

You should not take tocilizumab (Actemra®), etanercept (Enbrel®), adalimumab (Humira®), infliximab (Remicade®), rituximab (Rituxan®), abatacept (Orencia®), anakinra (Kineret®), certolizumab pegol (Cimzia®), golimumab (Simponi®), azathioprine, cyclosporine, or other immunosuppressive drugs while you are taking XELJANZ/XELJANZ XR. Taking XELJANZ/XELJANZ XR with these medicines may increase your risk of infection.

Tell your healthcare provider if you are taking 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.

Taking XELJANZ XR

When you take XELJANZ XR, you may see something in your stool that looks like a tablet. This is the empty shell from the tablet after the medicine has been absorbed by your body.

What are other possible side effects of XELJANZ/XELJANZ XR?

XELJANZ/XELJANZ XR may cause serious side effects, including hepatitis B or C activation infection in people who carry the virus in their blood. If you are a carrier of the hepatitis B or C virus (viruses that affect the liver), the virus may become active while you use XELJANZ/XELJANZ XR. Tell your healthcare provider if you have the following symptoms of a possible hepatitis B or C infection: feeling very tired, little or no appetite, clay-colored bowel movements, chills, muscle aches, skin rash, skin or eyes look yellow, vomiting, fevers, stomach discomfort, and dark urine.

Common side effects of XELJANZ/XELJANZ XR include upper respiratory tract infections (common cold, sinus infections), headache, diarrhea, nasal congestion, sore throat, and runny nose (nasopharyngitis).

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.

Please see additional Patient Information on the following page.

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XELJANZ is also available as a once-daily pill.

A pharmacokinetic (PK) study has found that, like XELJANZ, once-daily XELJANZ XR delivers medicine to you throughout the day.

XELJANZ® XR
[tofacitinib citrate]
extended release • 11 mg tablets

One pill. Once daily.

XELJANZ[®] (tofacitinib citrate)

CONSUMER BRIEF SUMMARY XELJANZ (ZEL' JANS') XELJANZ XR (ZEL' JANS' EKS-AHR) (tofacitinib)

What is the most important information I should know about XELJANZ/XELJANZ XR?
XELJANZ/XELJANZ XR may cause serious side effects including:

1. Serious infections.

XELJANZ/XELJANZ XR is a medicine that affects your immune system. XELJANZ/XELJANZ XR can lower the ability of your immune system to fight infections. Some people can have serious infections while taking XELJANZ/XELJANZ XR, 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 healthcare provider should test you for TB before starting XELJANZ/XELJANZ XR.
- Your healthcare provider should monitor you closely for signs and symptoms of TB infection during treatment with XELJANZ/XELJANZ XR.

You should not start taking XELJANZ/XELJANZ XR if you have any kind of infection unless your healthcare provider tells you it is okay. You may be at a higher risk of developing shingles. Before starting XELJANZ/XELJANZ XR, 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 sores on your body | - diarrhea or stomach pain |
| - burning when you urinate or urinating more often than normal | - feeling very tired |

- are being treated for an infection.
- get a lot of infections or have infections that keep coming back.
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB.
- live or have lived, 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, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use XELJANZ/XELJANZ XR. 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 or C.

After starting XELJANZ/XELJANZ XR, call your healthcare provider right away if you have any symptoms of an infection. XELJANZ/XELJANZ XR can make you more likely to get infections or make worse any infection that you have.

2. Cancer and immune system problems.

XELJANZ/XELJANZ XR may increase your risk of certain cancers by changing the way your immune system works.

- Lymphoma and other cancers including skin cancers can happen in patients taking XELJANZ/XELJANZ XR. Tell your healthcare provider if you have ever had any type of cancer.
- Some people who have taken XELJANZ with certain other medicines to prevent kidney transplant rejection have had a problem with certain white blood cells growing out of control (Epstein Barr Virus-associated post-transplant lymphoproliferative disorder).

3. Tears (perforation) in the stomach or intestines.

- 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 XELJANZ/XELJANZ XR can get tears in their stomach or intestines. 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.

4. Changes in certain laboratory test results.

Your healthcare provider should do blood tests before you start receiving XELJANZ/XELJANZ XR and while you take XELJANZ/XELJANZ XR to check for the following side effects:

- **changes in lymphocyte counts.** Lymphocytes are white blood cells that help the body fight off infections.
- **low neutrophil counts.** Neutrophils are white blood cells that help the body fight off infections.
- **low red blood cell count.** This may mean that you have anemia, which may make you feel weak and tired.

Your healthcare provider should routinely check certain liver tests.

You should not receive XELJANZ/XELJANZ XR if your lymphocyte count, neutrophil count, or red blood cell count is too low or your liver tests are too high.

Your healthcare provider may stop your XELJANZ/XELJANZ XR treatment for a period of time 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 XELJANZ/XELJANZ XR, and as needed after that. Normal cholesterol levels are important to good heart health.

See "What are the possible side effects of XELJANZ/XELJANZ XR?" for more information about side effects.

What is XELJANZ/XELJANZ XR?

XELJANZ/XELJANZ XR is a prescription medicine called a Janus kinase (JAK) inhibitor. XELJANZ/XELJANZ XR is used to treat adults with moderately to severely active rheumatoid arthritis in which methotrexate did not work well.

XELSOURCESM
Answers and Support
*Certain programs and services
powered by Pfizer RxPathwaysSM

Need help paying for your medication?
XELSOURCESM may be able to help –
regardless of your insurance situation.*
Learn how at www.XELSOURCEHelps.com

It is not known if XELJANZ/XELJANZ XR is safe and effective in people with Hepatitis B or C. XELJANZ/XELJANZ XR is not for people with severe liver problems.

It is not known if XELJANZ/XELJANZ XR is safe and effective in children.

What should I tell my healthcare provider before taking XELJANZ/XELJANZ XR?

XELJANZ/XELJANZ XR may not be right for you. Before taking XELJANZ/XELJANZ XR, tell your healthcare provider if you:

- have an infection. See "What is the most important information I should know about XELJANZ/XELJANZ XR?"
- have liver problems
- have kidney problems
- have any stomach area (abdominal) pain or been diagnosed with diverticulitis or ulcers in your stomach or intestines
- have had a reaction to tofacitinib or any of the ingredients in XELJANZ/XELJANZ XR
- have recently received or are scheduled to receive a vaccine. People who take XELJANZ/XELJANZ XR should not receive live vaccines. People taking XELJANZ/XELJANZ XR can receive non-live vaccines.
- have any other medical conditions.
- plan to become pregnant or are pregnant. It is not known if XELJANZ/XELJANZ XR will harm an unborn baby.

- **Pregnancy Registry:** Pfizer has a registry for pregnant women who take XELJANZ/XELJANZ XR. 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 XELJANZ/XELJANZ XR, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry at 1-877-311-8972 to enroll.
- plan to breastfeed or are breastfeeding. You and your healthcare provider should decide if you will take XELJANZ/XELJANZ XR or breastfeed. You should not do both.

Tell your healthcare provider about all of the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. XELJANZ/XELJANZ XR and other medicines may affect each other causing side effects.

Especially tell your healthcare provider if you take:

- any other medicines to treat your rheumatoid arthritis. You should not take tocilizumab (Actemra[®]), etanercept (Enbrel[®]), adalimumab (Humira[®]), infliximab (Remicade[®]), rituximab (Rituxan[®]), abatacept (Orencia[®]), anakinra (Kineret[®]), certolizumab (Cimzia[®]), golimumab (Simpsoni[®]), azathioprine, cyclosporine, or other immunosuppressive drugs while you are taking XELJANZ or XELJANZ XR. Taking XELJANZ or XELJANZ XR 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 your healthcare provider and pharmacist when you get a new medicine.

How should I take XELJANZ/XELJANZ XR?

- Take XELJANZ/XELJANZ XR exactly as your healthcare provider tells you to take it.
- Take XELJANZ 2 times a day with or without food.
- Take XELJANZ XR 1 time a day with or without food.
- Swallow XELJANZ XR tablets whole and intact. Do not crush, split, or chew.
- When you take XELJANZ XR, you may see something in your stool that looks like a tablet. This is the empty shell from the tablet after the medicine has been absorbed by your body.
- If you take too much XELJANZ/XELJANZ XR, call your healthcare provider or go to the nearest hospital emergency room right away.

What are possible side effects of XELJANZ/XELJANZ XR?

XELJANZ/XELJANZ XR may cause serious side effects, including:

- See "What is the most important information I should know about XELJANZ/XELJANZ XR?"
- **Hepatitis B or C activation infection** in people who carry the virus in their blood. If you are a carrier of the hepatitis B or C virus (viruses that affect the liver), the virus may become active while you use XELJANZ/XELJANZ XR. Your healthcare provider may do blood tests before you start treatment with XELJANZ and while you are using XELJANZ/XELJANZ XR. Tell your healthcare provider if you have any of the following symptoms of a possible hepatitis B or C infection:

- feel very tired	- skin or eyes look yellow
- little or no appetite	- vomiting
- clay-colored bowel movements	- fevers
- chills	- stomach discomfort
- muscle aches	- dark urine
- skin rash	

Common side effects of XELJANZ/XELJANZ XR include:

- upper respiratory tract infections (common cold, sinus infections)
- headache
- diarrhea
- nasal congestion, sore throat, and runny nose (nasopharyngitis)

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of XELJANZ/XELJANZ XR. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

You may also report side effects to Pfizer at 1-800-438-1985.

General information about the safe and effective use of XELJANZ/XELJANZ XR.

Medicines are sometimes prescribed for purposes other than those listed in a brief summary. Do not use XELJANZ/XELJANZ XR for a condition for which it was not prescribed. Do not give XELJANZ/XELJANZ XR to other people, even if they have the same symptoms you have. It may harm them.

This brief summary summarizes the most important information about XELJANZ/XELJANZ XR. If you would like more information, talk to your healthcare provider. You can ask your pharmacist or healthcare provider for information about XELJANZ/XELJANZ XR that is written for health professionals.

This brief summary is based on XELJANZ/XELJANZ XR Prescribing Information
LAB-0445-10.0 and Guidance Guide LAB-0535-4.0.

Revised: February 2016.

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Talk of Ages

Actor and author **Cameron Diaz**'s latest book, *The Longevity Book: The Science of Aging, the Biology of Strength and the Privilege of Time*, goes way beyond surface appeal, tapping into science and the latest research on healthy aging. Diaz herself embodies the insights she shares, including the power of healthy habits and the importance of happiness.

Gender Gap

Research shows that by age 65, women are more likely to get Alzheimer's disease than men—and they often decline faster when they do. We dig into the latest findings to discover if women can help scientists solve the mysteries of the disease that will lead them to treatments and even a cure.



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“

PAY ATTENTION TO WHAT'S INSIDE YOU, AND TAKE CARE OF IT IN A REAL WAY, ON THE BIOLOGICAL, CELLULAR LEVEL.

”

IN EVERY ISSUE

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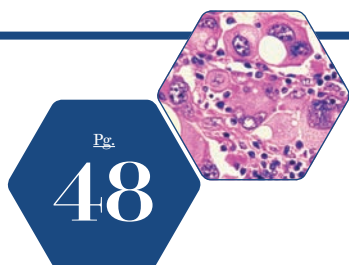
TAKE 10

A cycling and meditation enthusiast, actor **Mahershala Ali** (of *The Hunger Games: Mockingjay 1 and 2*) shares his best and worst health habits, and his guiltiest pleasure.

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WEBMD CHECKUP

May 2 is Melanoma Monday. **HEALTH HIGHLIGHTS:** Stroke recovery tips. • **HEALTH CHECK:** Test your hepatitis C smarts. • **MY STORY:** A reader shares how she stays balanced in her most important job of all: caregiver. • **LIVING WELL:** Tips to manage rheumatoid arthritis. • **BY THE NUMBERS:** A closer look at mental health. • **TEST YOUR SMARTS:** What's your digestive disorders IQ? Take the quiz to find out.

EDITOR'S NOTE



Cameron Diaz makes something many people dread, or at least don't quite embrace, look really good: getting older. The gorgeous 43-year-old cover star of this month's issue breaks through societal conventions that equate youth with beauty and happiness in her new book, *The Longevity Book: The Science of Aging, the Biology of Strength, and the Privilege of Time*. We talk to Diaz about her personal strategies for maintaining a healthy lifestyle.

So maybe you're onboard with a health-infused embrace of life's journey and also not opposed to a few less wrinkles along the way. We've got you covered. Check out our Healthy Beauty section (page 18) to hear from top dermatologists about the latest techniques to fight the signs of aging, and which treatments they're most excited about. We also take a look at creams and serums you can buy over-the-counter before or after a trip to the doctor. And, of course, the mom in me has to add the reminder, especially as we enter summer, not to forget one of the best tips to protect your skin: Wear sunscreen every day.

Happy Mother's Day to all our WebMD moms.

Kristy

Kristy Hammam
Editor in Chief
kristy@webmd.com

WEBMD PARTNERS WITH A-LIST ALZHEIMER'S ADVOCATES

WebMD teamed up with actor **Seth Rogen** and his wife, **Lauren Miller Rogen**, founders of Hilarity for Charity, which raises awareness about Alzheimer's disease, and journalist and Alzheimer's advocate **Maria Shriver** to examine people's beliefs and behaviors about the condition. It's part of our Special Report: "Confronting Alzheimer's Disease." Check it out at webmd.com/news/breaking-news/confronting-alzheimers



From left to right: Maria Shriver, Lauren Miller Rogen, and Seth Rogen

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HOT TOPICS!

SKIN & BEAUTY BYTES

HEALTHY
START



People who smile are considered more attractive.

The bigger the smile, the better they look to others, according to a Swiss study.

Source: Cognition and Emotion

Fingernails grow faster in summer than in winter. It may be because we work with our hands more in warm weather.

Source: Binghamton University



14.3% of American men and 29.9% of women regularly use sunscreen.

Only 25% of kids regularly smear on sun protection.

Source: Journal of the American Academy of Dermatology, American Academy of Dermatology



Edamame, tofu, and other soy foods may preserve collagen, a protein that gives skin a firmer appearance.

Source: NIH

23%

Percentage of American women who got a gel manicure at a salon in the past year

Source: Mintel



UP TO 50 MILLION AMERICANS GET BREAKOUTS EVERY YEAR, MAKING ACNE THE MOST COMMON SKIN CONDITION.

Source: American Academy of Dermatology

A shot glass



The amount of sunscreen a person needs to cover and protect exposed skin. For maximum protection, sunscreen needs to be reapplied every 2 hours—or after swimming or sweating.

Source: American Academy of Dermatology

White lines running across your nails could be a sign that you're stressed.

Source: Cleveland Clinic



1 in 5 American women regularly wears eyebrow makeup.

Source: Mintel

6.7 million

NUMBER OF ANTI-WRINKLE INJECTIONS DONE ANNUALLY

Source: American Society of Plastic Surgeons



RISK FACTORS

Does your teen tan? Watch out for other risky behavior. New research shows that kids who tan are more likely to take other risks. Among more than 12,000 teenage survey respondents in Colorado, those who had ever used steroids were the most likely to use indoor tanning devices. Teens who drank alcohol in the past 30 days, used marijuana, or had ever used illicit drugs were also more likely than others to tan. Researchers believe that whatever motivates teens to tan, such as a desire to be attractive or to fit in with friends, may drive them to take other risks, too.

Source: JAMA Dermatology



Go Fish

People who have a genetic predisposition to Alzheimer's disease may lower their risk by eating seafood. Researchers examined brain autopsies of 286 people and compared the results to food questionnaires the deceased had completed in the last five years of their lives. Those who carried a protein called apolipoprotein e (APOE4)—which increases the risk for Alzheimer's disease—and ate seafood once a week were less likely to have Alzheimer's than those who carried the gene but ate less seafood. The seafood-eaters were also less likely than their peers to have the plaques and proteins in their brain that can mark the development of Alzheimer's.

Source: JAMA

85%

People with seasonal allergies who find relief with allergy shots

Source: American College of Allergy, Asthma & Immunology



CALORIE COUNTER?

Cut clutter, and you'll cut calories. In a study of 100 women, researchers left each waiting in a kitchen alone for 10 minutes with bowls of carrots, crackers, and cookies. They asked the women to taste the snacks, rate them, then wait. Half the women waited in a kitchen cluttered with piles of papers and dirty dishes. The other half waited in the same kitchen when it was clean and organized. Women in the messy kitchen ate twice as many cookies as their clean-kitchen counterparts. They took in an average of 53 extra calories in just 10 minutes.

Source: Environment and Behavior

WebMD.com

Hot Hits

What's trending on WebMD.com right now*

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Women's heart attack symptoms

Healthy dessert recipes

Panic attacks

Acupuncture

Kegel exercises

Adult ADHD

Bedbug bites

Vitamin D

Muscle cramps

*as of Mar. 1, 2016



Sometimes, looking at specific genders delivers a big payoff in medicine. At least, that's the hope of Alzheimer's disease researchers who are increasingly noticing a pattern that puts women at the center of—possibly—unlocking the secrets to this devastating and so far incurable disease.

Why women? The answer goes beyond age, long a known risk factor. In general, women live longer than men. But by age 65, women have twice the risk of developing the disease compared to men. And when they do get it they decline faster and further, ending up worse off than men.

So what explains the difference? "There's something else going on in terms of biology, the environment, for women," says one of our experts. Whatever the answer, women's unique experience with Alzheimer's could be of profound significance as scientists continue to search for diagnosis and treatment tools. Read our story, "Gender Gap," on page 38 for more. It's part of our online **Special Report, "Confronting Alzheimer's Disease,"** on WebMD.com.

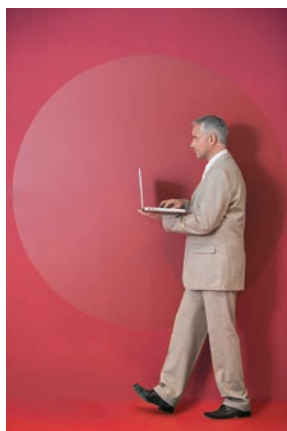
Colleen

Colleen Paretty
Editorial Director
colleen@webmd.com

1 to 2

Number of minutes you should spend standing and moving every half hour to **avoid the perils of a sedentary life**, such as fat buildup and increased risk for heart disease

Source: Cornell University



Rise and Shine?

Not a morning person? Not your fault. Whether you're an early bird or a night owl might be in your genes. Geneticists collected questionnaires and saliva from more than 89,000 people.

The questionnaire asked whether each study participant was a morning person. Comparing the genomes—the sum total of a person's DNA—of the morning people to the not-so-morning people, the researchers found 15 places in DNA that predict "morningness." Seven of those spots were located near places already associated with circadian rhythms (which regulate a person's internal "body clock"). The next time someone says you're grumpy in the morning, just say that you were born that way.

Source: Nature

SNEEZE RELIEF

People with allergies: Your ranks are growing. But the number who get treatment is not. New research shows that more than 1 in 4 people with allergies do not get treatment. For more than 13% of people who do, their symptoms are not eased. In a survey of 500-plus people with allergies, the untreated and undertreated were more likely to report that allergies hurt their quality of life. If you live with seasonal allergies, let your doctor know. Treatment can help.

Source: International Journal of Immunopathology and Pharmacology





Sex/Mind Connection

Among nearly 7,000 people ages 50 to 89, women and men who were sexually active scored better on a memory test than their chaste counterparts.

Men enjoyed the added benefit of improved executive function, which helps with planning, focus, and multitasking.

The researchers defined “sexually active” as masturbating, petting, fondling, or having sexual intercourse at least once in the past 12 months.

Source: Journal of Age and Ageing



EAR BUZZ

About 36 million Americans have tinnitus—an intermittent ringing or buzzing in the ears. An experimental treatment could one day help. In a recent study, 10 sessions of transcranial magnetic stimulation (TMS) for 10 consecutive days helped a small group of people with tinnitus get relief for six months. The TMS treatment is a noninvasive procedure; magnetic fields placed close to the head stimulate nerve cells in the brain.

Source: JAMA

1 in 4

High school kids who use tobacco products. While youth smoking has dropped 42% since 2011, the use of hookahs and e-cigarettes has increased.

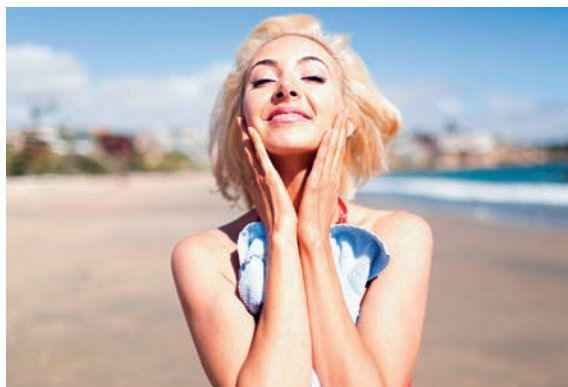
Source: American Lung Association



10+

number of teaspoons of sugar in some coffee-shop beverages. That's equal to the sugar in a can of cola.

Source: Action on Sugar



UNDER COVER

If you never leave the house without sunscreen, you cut out harmful sun exposure but you also limit your supply of vitamin D. That's because your body produces the vitamin when your skin is exposed to the sun. But soon you may not have to choose between vitamin D and skin protection. Scientists have mixed up an experimental sunscreen that allows vitamin-producing light to reach your skin without sacrificing SPF protection. The new sunscreen may hit U.S. drugstores as early as this summer.

Source: PLOS One

Energy Source

Mounting research suggests that tai chi, a centuries-old mind-body practice, may help with everything from back, neck, and joint pain to balance, sleep, stress, and mood. In a recent study published in *Biological Psychiatry*, adults older than 55 who used tai chi to help with insomnia scored yet another health benefit: reduced inflammation.

Tai chi combines gentle movements with focusing, breathing, and relaxation exercises, and while you don't have to be a martial arts guru to give it a go, it's best to learn with the help of a qualified instructor, says Sifu Karl Romain, a tai chi master who works with celebs and athletes. A private lesson may be more expensive than a video or app but can be tailored to your needs and give you a better understanding of techniques and movements, he says. Opt for two 45-minute sessions a week, then practice at home. "It's a great daily activity," Romain says. Find a class or instructor at americantaichi.org.

—Kara Mayer Robinson

LIVING
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Spa Guide

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

Photograph by Chuk Nowak

LIVING
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SPRING FIX

"Monitor pollen counts and shut windows at home and in your car when they're high. After being outdoors, wash your hair and change clothing to avoid bringing pollens inside. Start taking allergy medication about a week before the beginning of the season. Don't wait until symptoms kick in."



Andrew S. Kim, MD
medical director, Allergy & Asthma
Center of Fairfax, Virginia

MINIMUM AGE

"Start using retinol—topical vitamin A—in your 30s to improve skin texture and prevent wrinkles. A serum with antioxidants such as vitamin C can brighten the skin. The delicate area around the eyes is the first to show age, so now's the time to use an eye cream. Sunscreen is the true fountain of youth, because sun damage causes premature aging."



Mohiba K. Tareen, MD
medical director, Tareen Dermatology,
Roseville, Minnesota

WEBMD ON THE STREET

Brandi Ellis

Aesthetician and spa owner, 34
Farmington, Michigan

Brandi Ellis has spent her career helping others look more beautiful and feel relaxed. In 2006, the aesthetician and massage therapist started her own business, Bellis Therapeutic Spa, and her clients are like family. Despite her job, Ellis sometimes has trouble keeping her own combination skin even-toned. She's also concerned about preserving her complexion as she ages. "What products do you recommend for women in their 30s that will keep skin looking youthful?" Standing over clients all day leaves her with an achy back. "Can you recommend any stretches or exercises I can do during the day or after work?" Many of her clients come in on their lunch breaks, leaving her no time to eat. "What are some quick grab-and-go foods that will give me energy throughout the day?" Spring allergies also slow her down, and she wonders how to relieve symptoms. With two boys at home, exposure to colds and strep are a constant, yet she can't afford to miss work. "What can I do to protect myself from germs?" —**Stephanie Watson**

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



FACE TIME

"I have found that the best over-the-counter remedy for an oily T-zone is salicylic acid. This is available in different forms. Start with a salicylic acid face wash twice a day and add a leave-on lotion if your T-zone remains oily. If this isn't enough to decrease the oil, see a dermatologist for prescription treatments."



Amy Derick, MD
clinical instructor of dermatology,
Northwestern University

IN THE STRETCH

"For your upper back, neck, and shoulders, try gentle backward shoulder circles. Or gently tuck your chin, and tip your right ear toward your right shoulder until you feel a stretch. For your lower back, stand with your feet apart and put your hands on your low back/buttocks area, then gently arch backward. At home, do front and side planks to strengthen your core muscles. The yoga Child's Pose will stretch the back muscles."



Mary Ann Wilmarth, DPT
CEO, Back2Back Physical Therapy

FUEL UP

"Think of each small meal or snack as a 'terrific trio' of a protein-containing food, a fruit or vegetable, and a whole grain. For example, mini wedges of low-fat cheese with whole wheat crackers and a small apple. Or a small bag of popcorn with a few celery or carrot sticks to dip into hummus."



Carolyn O'Neil, MS, RD
author of The Slim Down South Cookbook; Eating Well and Living Healthy in the Land of Biscuits and Bacon

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WOMEN'S HEALTH

Medical Mystery

POLYCYSTIC OVARIAN SYNDROME REMAINS HARD TO
DIAGNOSE AND TRICKY TO TREAT

By Lisa Marshall

As many as 15% of women have polycystic ovarian syndrome (PCOS), a constellation of symptoms including irregular periods, excess facial hair, acne, and difficulty conceiving. Left unchecked, it can lead to type 2 diabetes and a higher risk of endometrial cancer. Yet 80 years after its discovery, no one has a definitive diagnostic test, a cure, or even a consensus on what causes it. "We are not doing enough to understand this," says Richard Legro, MD, lead author of a recent Endocrine Society statement calling for more PCOS research.

Women's symptoms can be vastly different, making diagnosis difficult. Even the name is controversial; many with PCOS have excess cysts on enlarged ovaries, but some don't.

Doctors once considered PCOS to be an ovary disorder. Inside a healthy



ovary, one of several fluid-filled sacs, or follicles, swells, ruptures, and releases an egg each cycle. In some women with PCOS, that process gets repeatedly interrupted before the egg is released, leaving undeveloped follicles,

or cysts, "lined up at the starting line," Legro says.

Researchers began to wonder if these accumulating cysts were just one symptom of a more complex hormonal malfunction, which also tends to be accompanied by excess male hormones and insulin resistance. Some believe obesity causes PCOS. Others suspect obesity just exacerbates it in genetically predisposed women.

To be diagnosed, a woman must meet two of three criteria: Evidence of excess male hormones, irregular periods, and 12 or more cysts on the

ovaries. Some doctors use ultrasound and blood tests, but many diagnose based on symptoms alone.

Treatment varies. "We may not have one fix for the underlying problem, but we do have tools to address individual symptoms," says Heather Huddleston, MD, director of the University of California, San Francisco PCOS Clinic.

Doctors might prescribe oral contraceptives to a younger PCOS patient who complains of acne and is uninterested in becoming a mother anytime soon. For a woman showing signs of insulin resistance, diabetes drugs might be used. For someone concerned about infertility, doctors might prescribe drugs to promote ovulation. "PCOS is one of the most treatable forms of infertility," Huddleston says.

Will there ever be a PCOS pill? Research is underway. But Legro and Huddleston say a more likely scenario is that the catch-all term "PCOS" will go away, replaced by a more fitting name, or names, each with a distinct solution.

ASK YOUR DOCTOR

1. How often does a woman with PCOS get a period? If it's fewer than eight times per year, that may be a sign.
2. What if I want to get pregnant? Some PCOS treatments prevent pregnancy; others promote it.
3. What treatments can help with my most bothersome symptoms? But note that no treatment addresses all symptoms.
4. Could it be something else? Thyroid disorders, adrenal hyperplasia, and Cushing's syndrome all have similar symptoms.

Reviewed by
Brunilda Nazario, MD
WebMD Lead Medical Editor



How Is the PSA Screening Test Done? Find out with the guide at WebMD.com.

[LEARN HOW ON PAGE 6](#)

LIVING
HEALTHY

MEN'S HEALTH

Test Time?

WHAT YOU NEED TO KNOW ABOUT THE LATEST PROSTATE CANCER SCREENING RECOMMENDATIONS

By Matt McMillen

To screen or not to screen for prostate cancer? In recent years, official guidelines have shifted away from routine screening, but some health experts say that each man—with input from his doctor—should answer the question for himself.

In 2012, the U.S. Preventive Services Task Force recommended against blood tests that screen for prostate cancer because the evidence did not support the practice. Recent studies have since begun to tally the effects of those recommendations. Two of them found that the number of prostate cancer diagnoses dropped along with the dip in the number of screening tests.

“If this decline is because men are making informed choices, then I think that is a good thing,” says Otis Brawley, MD, chief medical officer for the American Cancer Society and co-author of a study marking the drop in prostate cancer diagnoses.



Screening involves a PSA test, which measures prostate-specific antigens in the bloodstream. Levels above a certain threshold may trigger further testing.

Doctors don't yet know whether the drop in screening rates will result in a drop—or an increase—in prostate cancer deaths, but it is clear, Brawley says, that screening can be harmful.

“We have good data to show that the aggressive screening done back in the 1990s and early 2000s led to the diagnosis and treatment of over 1.1 million men who, if they had never been tested, never been diagnosed, never been treated, were destined never to be bothered by their prostate cancer,” he says.

Brawley says prostate surgery results in impotence in as many as 40% of patients and incontinence in an equal number. Some have both.

So, should all men avoid prostate cancer screening? No, Brawley says. “I am for informed decision-making. I will admit it may save lives,

but I would like to tailor screening to men who are at higher risk and men who are very concerned about prostate cancer.”

The American Cancer Society recommends most men talk to their doctor about prostate cancer around age 50. Men who have a higher risk, including African-Americans and those with a family history of the disease, should have that conversation at age 45. If more than one close relative has had prostate cancer, talk to your doctor at age 40.

Reviewed by
Sheldon Marks, MD
WebMD Men's Health Expert

ASK YOUR DOCTOR

1. Am I at higher than normal risk for prostate cancer?
2. Would I benefit from prostate cancer screening?
3. What risks do I face if I decide to be screened?
4. If cancer is found, should I be treated? What will determine that?
5. When is watchful waiting, also known as active surveillance, a better option than treatment? And what does that involve?

Lip Service

If you're ready to finally bid farewell to peeling, parched lips, try using an exfoliator. But not just any old scrub will do, says Tsippora Shainhouse, MD, a dermatologist and clinical instructor at the University of Southern California.

Lips do not have their own oil glands, and scrubbing them with a rough treatment could be painful and cause further drying, thinning, and cracking. Instead, use a lip ointment infused with fruit acids, which will exfoliate skin gently. After, top it with a waxy balm to create a protective, moisture-locking layer. Even better? Use an SPF 30 balm. Due to lack of melanin, your lips have minimal innate protection from aging and damaging UV rays.

—**Ayren Jackson-Cannady**

EXPERT PICKS

A+ Anti-Agers

LIGHTEN AGE SPOTS AND SMOOTH OUT CROW'S FEET. ONE DERMATOLOGIST SHARES HER FAVORITE SKIN CARE INGREDIENTS

By Ayren Jackson-Cannady

1 **Perilla Oil**

Shiseido Ultimune Eye Power Infusing Eye Concentrate (\$65) "This morning/evening treatment contains perilla oil, which helps strengthen the delicate skin around the eye that makes it harder for environmental stressors to affect the skin and lead to wrinkles or dark circles."

2 **Squalene**

Chanel La Solution 10 de Chanel (\$80) "Squalene teams with glycerin and shea butter for supreme moisture in this oil-free anti-aging face cream. Another hard-working ingredient: silver needle tea extract, which helps prevent free-radical damage."

3 **Water Lily Extract**

Veil Sunset Light Serum (\$59) "Water lily extract is great for the skin because it contains flavonoids, which are antioxidants that help to inactivate free radicals. This refreshing serum also contains vitamins B1, B2, and C."

4 **Jujube Essential Oil**

Dr. Organic Snail Gel Facial Serum (\$17.99) "This light hydrating serum is loaded with jujube seed that can help prevent the appearance of wrinkles and scars while keeping skin tight. Apply a small amount after cleansing and before moisturizing to create an instantly smoother finish."

5 **Sea Elixir**

Rapid Eye Lift (\$79) "This eye treatment contains sea elixir (a blend of sea botanicals, peptides, and antioxidants), which absorbs free radicals, helps to build collagen, and repairs sun damage. It reduces the appearance of fine lines and wrinkles."

6 **Niacinamide**

Olay Active Botanicals Intensive Night Cream (\$14.99) "Niacinamide is one of my favorite ingredients that evens out skin color and helps to diminish brown spots. It also helps stimulate collagen so it minimizes fine lines. Bonus: This cream contains snow mushroom extract, which is great for hydration."



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



Debra Jaliman, MD

author of *Skin Rules* and assistant professor of dermatology at the Icahn School of Medicine at Mount Sinai, New York City

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Ask your healthcare professional about BELVIQ®

What is BELVIQ®?

BELVIQ is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (Body Mass Index [BMI] ≥ 27 kg/m²) adults with a weight-related medical problem, or adults living with obesity (BMI ≥ 30 kg/m²), lose weight and keep it off.

It is not known if BELVIQ when taken with other prescription, over-the-counter, or herbal weight-loss products is safe and effective. It is not known if BELVIQ changes your risk of heart problems, stroke, or death due to heart problems or stroke.

Important Safety Information

- **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.
- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ. Call your doctor right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
- **Valvular heart disease:** Some people taking medicines like BELVIQ have had heart valve problems. Call your doctor right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ, tell your doctor if you have or have had heart problems.
- **Changes in attention or memory:** BELVIQ may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ affects you.
- **Mental problems:** Taking too much BELVIQ may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
- **Depression or thoughts of suicide:** Call your doctor right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ. Changes to diabetes medication may be needed if low blood sugar develops.
- **Painful erections:** If you have an erection lasting more than 4 hours while on BELVIQ, stop taking BELVIQ and call your doctor or go to the nearest emergency room right away.
- **Slow heartbeat:** BELVIQ may cause your heart to beat slower.
- **Decreases in blood cell count:** BELVIQ may cause your red and white blood cell counts to decrease.
- **Increase in prolactin:** BELVIQ may increase the amount of a hormone called prolactin. Tell your doctor if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
- **Most common side effects in patients without diabetes:** Headache, dizziness, fatigue, nausea, dry mouth, and constipation.
- **Most common side effects in patients with diabetes:** Low blood sugar, headache, back pain, cough, and fatigue.
- **Nursing:** BELVIQ should not be taken while breastfeeding.
- **Drug interactions:** Before taking BELVIQ, tell your doctor if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
- BELVIQ is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

For more information about BELVIQ®, talk to your healthcare professional and see the Patient Information on the reverse side.

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.



You've got your goals and
You've got BELVIQ®

FDA approved for *weight loss*

Adding BELVIQ® to your healthy routine may help you take weight loss further and may help lower blood pressure.* In clinical studies, BELVIQ® helped some people **lose weight and keep it off** more effectively compared with diet and exercise alone.† **Ask your healthcare professional if BELVIQ® is right for you.**

 **BELVIQ®**
(lorcaserin HCl)®

Proven 2X as effective
as diet and exercise alone

Sign up for monthly savings[‡] and free support.

Visit StartBELVIQ.com or call 1-855-BELVIQ1 (1-855-235-8471)

PROMO CODE: WM

*Though it is not a blood pressure treatment, BELVIQ may lower blood pressure.

†BELVIQ was evaluated in 3 clinical studies involving overweight adults (with at least 1 weight-related medical condition) and obese adults. All 3 studies compared people taking BELVIQ plus diet and exercise to people using diet and exercise alone (placebo). The results of the first 2 studies (involving 7,190 people without diabetes) showed that 47.1% of people taking BELVIQ lost 5% or more of their body weight compared with 22.6% of the placebo group. People taking BELVIQ also had significant improvements in their blood pressure and cholesterol levels. A third clinical study (involving 604 overweight people with type 2 diabetes) showed that 37.5% of people taking BELVIQ lost 5% or more of their body weight compared with 16.1% of the placebo group. People taking BELVIQ also had significant improvements in their blood sugar levels. Nearly one-half of all participants completed the first 2 studies; nearly two-thirds of the participants completed the third study.

‡Restrictions apply.

IMPORTANT PATIENT INFORMATION

Read the Patient Information that comes with BELVIQ® (BEL-VEEQ) (lorcaserin hydrochloride) tablets before you start taking it and each time you get a refill. There may be new information. This page does not take the place of talking with your doctor about your medical condition or treatment. If you have any questions about BELVIQ, talk to your doctor or pharmacist.

What is BELVIQ?

BELVIQ is a prescription medicine that may help some obese adults or overweight adults who also have weight related medical problems lose weight and keep the weight off. BELVIQ should be used with a reduced calorie diet and increased physical activity.

It is not known if BELVIQ is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.

It is not known if BELVIQ changes your risk of heart problems or stroke or of death due to heart problems or stroke.

It is not known if BELVIQ is safe when taken with some other medicines that treat depression, migraines, mental problems, or the common cold (serotonergic or antidopaminergic agents).

It is not known if BELVIQ is safe and effective in children under 18 years old.

BELVIQ is a federally controlled substance (CIV) because it contains lorcaserin hydrochloride and may be abused or lead to drug dependence. Keep your BELVIQ in a safe place, to protect it from theft. Never give your BELVIQ to anyone else, because it may cause harm to them. Selling or giving away this medicine is against the law.

Who should not take BELVIQ?

Do not take BELVIQ if you:

- are pregnant or planning to become pregnant. BELVIQ may harm your unborn baby.

What should I tell my healthcare provider before taking BELVIQ?

Before you take BELVIQ, tell your doctor if you:

- **have or have had heart problems including:**
 - congestive heart failure
 - heart valve problems
 - slow heartbeat or heart block
- have diabetes
- have a condition such as sickle cell anemia, multiple myeloma, or leukemia
- have a deformed penis, Peyronie's disease, or ever had an erection that lasted more than 4 hours
- have kidney problems
- have liver problems
- are pregnant or plan to become pregnant
- are breastfeeding or plan to breastfeed. It is not known if BELVIQ passes into your breastmilk. You and your doctor should decide if you will take BELVIQ or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

BELVIQ may affect the way other medicines work, and other medicines may affect how BELVIQ works.

Especially tell your doctor if you take medicines for depression, migraines or other medical conditions such as:

- triptans, used to treat migraine headache
- medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs), or antipsychotics
- cabergoline
- linezolid, an antibiotic
- tramadol
- dextromethorphan, an over-the-counter medicine used to treat the common cold or cough

- over-the-counter supplements such as tryptophan or St. John's Wort
- medicines to treat erectile dysfunction

Ask your doctor or pharmacist for a list of these medicines, if you are not sure.

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

How should I take BELVIQ?

- Take BELVIQ exactly as your doctor tells you to take it.
- Your doctor will tell you how much BELVIQ to take and when to take it.
 - Take 1 tablet 2 times each day.
 - **Do not** increase your dose of BELVIQ.
 - BELVIQ can be taken with or without food.
- Your doctor should start you on a diet and exercise program when you start taking BELVIQ. Stay on this program while you are taking BELVIQ.
- Your doctor should tell you to stop taking BELVIQ if you do not lose a certain amount of weight within the first 12 weeks of treatment.
- If you take too much BELVIQ or overdose, call your doctor or go to the nearest emergency room right away.

What should I avoid while taking BELVIQ?

- **Do not** drive a car or operate heavy machinery until you know how BELVIQ affects you. BELVIQ can slow your thinking.

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions.** BELVIQ and certain medicines for depression, migraine, the common cold, or other medical problems may affect each other causing serious or life-threatening side effects. Call your doctor right away if you start to have any of the following symptoms while taking BELVIQ:
 - mental changes such as agitation, hallucinations, confusion, or other changes in mental status
 - coordination problems, uncontrolled muscle spasms, or muscle twitching (overactive reflexes)
 - restlessness
 - racing or fast heartbeat, high or low blood pressure
 - sweating or fever
 - nausea, vomiting, or diarrhea
 - muscle rigidity (stiff muscles)
- **Valvular heart disease.** Some people taking medicines like BELVIQ have had problems with the valves in their heart. Call your doctor right away if you have any of the following symptoms while taking BELVIQ:
 - trouble breathing
 - swelling of the arms, legs, ankles, or feet
 - dizziness, fatigue, or weakness that will not go away
 - fast or irregular heartbeat
- **Changes in your attention or memory.**
- **Mental problems.** Taking BELVIQ in high doses may cause psychiatric problems such as:
 - hallucinations
 - feeling high or in a very good mood (euphoria)
 - feelings of standing next to yourself or out of your body (disassociation)
- **Depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.
- **Low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as insulin or sulfonylureas). You should check your blood sugar before you start taking BELVIQ and while you take BELVIQ.
- **Painful erections (priapism).** The medicine in BELVIQ can cause painful erections that last more than 6 hours. If you have

an erection lasting more than 4 hours whether it is painful or not, stop using BELVIQ and call your doctor or go to the nearest emergency room right away.

- **Slow heartbeat.** BELVIQ may cause your heart to beat slower. Tell your doctor if you have a history of your heart beating slow or heart block.
- **Decreases in your blood cell count.** BELVIQ may cause your red and white blood cell count to decrease. Your doctor may do tests to check your blood cell count while you are taking BELVIQ.
- **Increase in prolactin.** The medicine in BELVIQ may increase the amount of a certain hormone your body makes called prolactin. Tell your doctor if your breasts begin to make milk or a milky discharge or if you are a male and your breasts begin to increase in size.

The most common side effects of BELVIQ include:

- headache
- dizziness
- fatigue
- nausea
- dry mouth
- constipation
- cough
- low blood sugar (hypoglycemia) in patients with diabetes
- back pain

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of BELVIQ. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How do I store BELVIQ?

Store BELVIQ at room temperature between 59°F to 86°F (15°C to 30°C).

Safely throw away medicine that is out of date or no longer needed.

Keep BELVIQ and all medicines out of the reach of children.

General information about the safe and effective use of BELVIQ.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use BELVIQ for a condition for which it was not prescribed. Do not give BELVIQ to other people, even if they have the same symptoms you have. It may harm them.

This Patient Information summarizes the most important information about BELVIQ. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals. For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

What are the ingredients in BELVIQ?

Active Ingredient: lorcaserin hydrochloride

Inactive Ingredients: silicified microcrystalline cellulose; hydroxypropyl cellulose NF; croscarmellose sodium NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C Blue #2 aluminum lake; and magnesium stearate NF.

This Patient Information has been approved by the U.S. Food and Drug Administration.

Rx Only

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Check out **Nip and Tuck: Plastic Surgery for Men**, a slideshow at WebMD.com.

[LEARN HOW ON PAGE 6](#)

HEALTHY
BEAUTY

BEAUTY SMARTS

Inside Story

THREE TOP DERMS REVEAL THE ANTI-AGING TRENDS, TECHNIQUES, AND TREATMENTS THEY'RE EXCITED ABOUT RIGHT NOW

By Liesa Goins



Whitney Bowe, MD, dermatologist and assistant medical director of laser and cosmetic services at

Advanced Dermatology, PC in New York City and Briarcliff Manor, New York

What new research has caught your attention?

Studies now show that you can develop signs of aging, such as wrinkles and brown spots, from infrared light and heat. We used to think that UV light was the culprit of most skin damage, but emerging research shows that heat can also cause inflammation and damage, including premature aging.

What about innovations in ingredients?

New forms of hyaluronic acid are making their way into injectable fillers as well as topical products. Hyaluronic acid is a staple in skin care because it is so effective in hydrating the skin and adding moisture. The molecule is being tweaked such that it lasts longer and penetrates deeper into the skin. It's in new over-the-counter products that act like fillers to lift, tighten, and add volume.

Have you added any new procedures to your practice?

Two new technologies now target fat under the chin. People often complain that



this area sags and makes them look older. Up until now we haven't had a minimally invasive way of effectively treating this area. But I've started using Kybella, which is an acid that dissolves the fat, and CoolMini, a device that freezes the fat. As a result, the jawline looks more defined and the skin has renewed firmness. I can use the options together or select one based on a patient's needs. I'm happy to finally have nonsurgical options to target such a specific concern.

What's the biggest trend you've observed recently?

I'm seeing a significant increase in men coming in seeking cosmetic proce-

dures. And this is happening everywhere—last year, 10% of cosmetic procedures were performed on men. The most common requests are for injectables, both fillers and botulinum toxin. I also hear complaints about looking tired, loss of facial muscle mass, wanting a more defined jawline, and treating forehead creases.



Katherine Holcomb, MD, dermatologist in New Orleans and clinical assistant professor of dermatology

at Tulane University School of Medicine

What skin care trends excite you?

People are becoming more conscious about what they are putting in their body

and how it impacts their skin. We're now seeing research that shows how anti-inflammatory supplements can improve skin's hydration and appearance as well as improve acne and rosacea. I spend much more time with my patients discussing the importance of diet with regard to the skin. I'm personally interested in the benefits of omega-3s and the potential to help improve skin from the inside out.

What about new or promising procedures?

Microneedling isn't a new

Reviewed by
Mohiba K. Tareen, MD
WebMD Medical Editor

procedure, but I see a big opportunity to broaden its application. The idea is to damage the skin in a controlled way—with a device a doctor uses to create small punctures in the surface. Then you apply an active ingredient to improve scars, pores, wrinkles, pigmentation, and stretch marks—the possibilities are limitless. Studies show that by damaging the skin you're able to send a "message" deep into the dermis to create new collagen and elastin—and when you incorporate the appropriate topical treatment, you can see impressive results.

Are there any new treatments you hope to bring to your practice soon?

Our range of injectable fillers is going to expand as alternatives from other countries become available in the U.S. New fillers including Volbella and Teosyal that use different

forms of hyaluronic acid to add lift and smooth lines will offer patients more choice. And Evolus will be a new neurotoxin injectable that seems to be as effective as Botox. Whenever I have more options for my patients, I'm excited.



Jeremy Green, MD,
dermatologist, clinical
assistant professor
of dermatology at the
University of Miami

Do you have any favorite new treatments?

Cellfina is probably the hottest new treatment for me. So far there hasn't been

anything this effective to treat cellulite. It's a minimally invasive procedure that releases the fibrous bands that cause cellulite dimples, and it appears to be a permanent solution for smoothing cellulite.

What new techniques do you use in your practice?

I'm combining neurotoxin with other therapies for improved results. For a scar patient I injected a neurotoxin before performing a laser treatment, and now the scar is nearly invisible. Relaxing the muscles around scar tissue helps the skin heal faster. I'm also injecting neurotoxin before Fraxel so wrinkles are relaxed and the laser can more easily target the underlying tissue. The same idea works with Ultherapy to treat cellulite.

What about new developments that excite you?

Probiotics. We all know that good bacteria in your gut can be healthy, so the same idea may apply to your skin—that certain bacteria are helpful in keeping skin healthy. Procter & Gamble has patented a topical probiotic that's compatible with the skin biome (the skin's good bacteria). This could be worked into skin care and makeup. This is an interesting new direction in skin care.

The Scoop

Is mineral or physical sunscreen a better choice?

Both help to deflect damaging UV rays, but they do so in different ways. **Chemical sunscreens** contain particles that absorb the wavelengths of UV radiation that can be harmful to skin and then remit them as a harmless form of energy. **Physical sunscreens** scatter UV light before it can penetrate your skin. Physical sunscreens will often be described as "mineral" or "natural" because they contain titanium dioxide or zinc oxide, which are naturally occurring minerals. Chemical formulas may use any combination of the following: ecamsule, avobenzone, cinoxate, oxybenzone, or sulisobenzene. Physical sunscreens tend to have a slightly wider range of protection. The choice ultimately depends on what feels best to you. Chemical sunscreens are less likely to leave a chalky cast to your skin the way mineral particles can. However, some people find the chemical ingredients irritating. Mineral options are less likely to cause irritation.

—**Randy Schueller**, cosmetic chemist, co-founder of The Beauty Brains

AISLE DO

"A patient introduced me to one of my favorite products. This serum addresses the signs of aging, but I really love how soft it makes my skin feel. It contains an ingredient called 'human fibroblast conditioned media,' which are proteins that send messages to the skin to create new cells, as well as high levels of antioxidants.

Over time, the serum helps fade sun damage and helps smooth wrinkles and improves skin texture. It is expensive, but a single pump covers my entire face, so I think it's worth the cost. The serum is nonirritating, but it does have a light fragrance, so it might not work for very sensitive types. The texture is silky and absorbs quickly without drying my skin or leaving a greasy residue. I apply it in the morning and follow immediately with a sunscreen."



PRODUCT PICK
SkinMedica
TNS Recovery Complex (\$179)

EXPERT
Esti Kronberg, MD
Houston
dermatologist



Read **Choose the Best Teeth Whitener**, an article at WebMD.com.
LEARN HOW ON PAGE 6

HEALTHY
BEAUTY

YOUR SMILE

Damage Control

FIVE SURPRISING FOODS
THAT CAN HARM YOUR TEETH

By Colleen Oakley

● Candy. Red wine.
● Coffee. Everyone knows these foods are no-nos when it comes to keeping your teeth healthy and white. But they're not the only culprits that can wreak havoc in your mouth. Here are five surprising foods that can cause everything from stains to excess plaque to damaged teeth and gums.

White wine. Don't let its color fool you. Chardonnay, pinot grigio, and other white wines are highly acidic, and that acid can slowly erode your tooth enamel, leaving it more susceptible to staining from other foods and sensitivity to pain, says David Genet, DMD, a periodontist in Aventura, Fla. Don't want to give up your nightly glass? "Pair it with cheese, which can help minimize the damage caused by the acid," he says.

Raisins. While dried fruits might be kinder to your waistline than candy, they can be just as bad for your teeth. The reason? Fruits are full of fructose, a form of sugar, says Justin

Sycamore, DDS, a dentist in Thousand Oaks, Calif. When fruit is dried, the concentrated sugar becomes sticky, adhering to your mouth and doing nearly as much tooth decay damage as candy. A great snack alternative? "Nuts," Sycamore says. "They have almost no sugar, they're full of protein, and they will make you feel fuller longer."

Sugar-free drinks and candy. If you think you're doing your teeth a favor by swapping your regular soda or sports drink for diet or sugar-free, think again. A recent study from the University of Melbourne in Australia found that some sugar-free beverages and candy can cause just as much tooth decay as their sugar-filled counterparts. The reason? The sugar-free products contain acidic additives that erode tooth enamel as much as sugar does.

Potato chips. They may satisfy a salty craving, but this crunchy snack can cause a lot of problems in your mouth, Sycamore says. "When you chew chips,

they break into really small pieces that can be lodged and compacted into the grooves and crevices of the teeth," he says. Also, "they're simple carbohydrates, which are broken down by the enzymes in saliva to simple sugars, making them nearly as bad as candy for your teeth."

Ice. Lots of people like to crunch on ice, and it seems like a harmless snack—it keeps you cool and hydrated and has no calories. But chewing ice isn't harmless, Sycamore says. The habit puts a lot of stress on your teeth, causing significant wear—and maybe even a fracture. "A good alternative is to simply drink water," he says. If you need a chewing fix, nosh on air-popped popcorn for a low-calorie snack.

HELP CENTER

It's best to avoid foods that can damage your teeth, but if you've just got to have that glass of wine, minimize the damage with these tips.

Don't nurse drinks.

The longer sugary or acidic beverages are in contact with your teeth, the more damage they cause, periodontist David Genet, DMD, says.

Chew sugarless gum.

"Chewing gum not only helps remove some of the acid and sugars," Genet says, "it produces saliva, which acts to help protect the enamel on your teeth."

Reviewed by
Eric Yabu, DDS
WebMD Oral Health Expert

PARENTING

One in a Milian

By Kara Mayer Robinson

Just like the free-spirited mom she plays on Fox's new series *Grandfathered*, Christina Milian approaches life with gusto. The 34-year-old actor, musician, and single mom has a bazillion balls in the air and wouldn't trade her lifestyle for anything. When she's not tossing around lines with her sitcom co-stars, she's front and center with family and friends on E!'s docuseries *Christina Milian Turned Up*. She's also an accomplished singer-songwriter (with two Grammy nominations) and raises money for the Irving Morris Foundation, which rebuilds homes for veterans. Her family time—with daughter Violet, 6—is equally exuberant. Whether enjoying a tea party, checking out Instagram, or reading Violet's favorite book series, *Princess Cupcake Jones*, the duo always has a ball.



**You have a lot going on.
When do you find time to rest and relax?**

I used to just go, go, go. I'd get 15-minute naps here and there. But lately I'm listening to my body and making sure I'm getting the proper amount of sleep. I'm not on my computer or looking at social media, which can be so easy because your phone's right there.

Does anyone on Grandfathered share your personal parenting style?

Oh, definitely my character Vanessa. She's got all these bright ideas. She knows she's got a great family that can help her raise a kid. She's very protective of her child, but at the same time she still lives her life. I actually love the relationship that Gerald has with Edie. It's just really sweet. He's such a loving and sweet father and guy. You just gotta fall in love with him!

Whom do you look up to as a parenting role model?

Definitely my mom. My mom did a great job raising me and my sisters.

Even though we're all busy, she still makes home-cooked food and makes sure that she gives that sense of home. She plays Violet music—she finds CDs and says, “Oh, this is Justin Bieber and Taylor Swift.” They go eat sushi. My family and I are so close, and I think family is everything. This is all we have here in California. Violet is very rooted in family. If anybody's being disrespectful to my mom, or someone has an attitude, she will call us out!

Violet has an Instagram account with almost 75,000 followers. Is she a young social media guru?

She knows she has an Instagram and she's like, “Mama, I want to see my pictures.” I actually started the Instagram just because people were taking her name and starting pages for her. I started posting stuff, and all of a sudden the audience started growing. And it's a good way for her to have her own little photo album as she grows up.

Which life lessons do you want to pass down to Violet?

To understand that in life, nothing is

a mistake. You will always grow from lessons that you learn. I want her to try everything—and to never be hard on herself, just to love herself. That's what's going to keep the positivity going and help her not be fazed by what other people think. In my late teenage years and mid-20s, I could see people talking. Now I'm way less affected, especially because I'm a mom. I'm like, “You don't know me and who are you to judge?” I want to teach her to not pass judgment, to be a good communicator, and to continue to be fearless. I think fear is at the root of what stops us from being great.

What's your biggest parenting faux pas?

Staying up late. I'm not the first to put her in bed at 8 o'clock, like some parents do. I'm like, “Hey, time is of the essence!” Of course, it ends up hitting me in the butt when I'm trying to wake her up in the morning.

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

BABY TALK

Skin Deep

HOW TO TELL IF YOUR LITTLE ONE'S BUMPS, RASHES, AND SPOTS ARE NORMAL

By Stephanie Watson

● We think of “baby skin” as skin that is soft, smooth, and blemish-free. Yet infant complexions are rarely perfect. Even newborns are prone to bumps, rashes, and even pimples. Most of these skin problems are nothing to worry about, but a few do need further inspection.

One of the most common skin issues pediatricians see is diaper rash, which affects more than half of infants. “The diaper area is a moist environment that’s exposed to a lot of different irritants. When these irritants are in contact with the skin for a long period of time, they can break down the skin barrier and cause irritation and sores,” says Marissa J. Perman, MD, a pediatric dermatologist at The Children’s Hospital of Philadelphia.

To create a wetness barrier, rub on a layer of zinc oxide or petroleum jelly-based diaper rash ointment with each change. Diaper wipes can add to irritation. If baby’s skin is really raw, use a plain, moistened soft cloth instead and wipe gently.

Small red bumps on your baby’s face and body could be eczema or contact dermatitis. Everyday substances in your home, such as soaps, shampoos, or cleaners, can set off both conditions.

Babies with eczema need extra moisture. “Use creams or ointments as opposed to lotions,” Perman suggests. “They’re thicker and they’ll provide more moisture by helping prevent water loss through the skin.” She also recommends shorter, less frequent baths.

Cradle cap—yellow, crusty scales on the scalp—looks worse than it is. The cause is mom’s hormones, which pass to baby before birth and overstimulate baby’s oil glands. Cradle cap should go away on its own by the time your baby is 8 to 12 months old.

Perman suggests rubbing mineral oil onto baby’s scalp about 10 minutes before

BABY CENTER

IT’S NEVER TOO EARLY TO START A SKIN CARE REGIMEN. PEDIATRIC DERMATOLOGIST MARISSA J. PERMAN, MD, SUGGESTS STOCKING YOUR NURSERY WITH THESE BABY SKIN ESSENTIALS.

Moisturizer Baby skin is already soft, but it doesn’t hurt to add moisture. Some early research suggests daily moisturizing can prevent eczema. “Use a moisturizer that’s fragrance-free and fairly thick—a cream or ointment. Apply it at least once a day.”

Barrier cream Don’t wait until your baby has diaper rash to use a daily smear of zinc oxide or petroleum jelly.

Gentle soap You don’t have to invest in fancy baby shampoos and soaps. In fact, many baby bath products contain irritating additives. A plain, gentle soap will work fine for both body and hair.

baths to soften the scales. “Then, very gently take a baby comb and run it over the scales,” she says. When you wash the oil off during the bath, the scales will come off, too. If cradle cap doesn’t improve, your doctor can prescribe a topical steroid or antifungal cream.

Pimples can pop out not long after your baby does. Like cradle cap, acne stems from mom’s hormones stimulating baby’s oil glands. “If the acne is mild, it doesn’t need to be treated. Wash gently with a mild soap,” Perman says.

More severe skin problems may need treatment from a pediatric dermatologist.

Reviewed by
Hansa Bhargava, MD
WebMD Medical Editor



Get the **WebMD Pregnancy App** and keep track every day, until that special day.

[LEARN HOW ON PAGE 6](#)

PREGNANCY

Surprise Party

DON'T BE SHOCKED BY ACNE OR OTHER SKIN ISSUES WHILE YOU'RE WAITING FOR BABY

By Colleen Oakley

● Skin may not be the first concern you have when you're expecting, but many women are surprised by brown spots, acne, stretch marks, and more in the months before their baby's birth. "Fortunately, many skin changes that occur in pregnancy will resolve once baby comes into the world," says Jill S. Waibel, MD, a Miami dermatologist. Until that happens, here are some ways to cope.

Pregnancy acne "Some women have a significant increase in acne," Waibel says. Pregnancy causes your body to produce more hormones that stimulate your oil glands. If you have dry skin, this can be a welcome change, but if you're already prone to breakouts—it's not so great. "Be sure to wash your face twice a day with a gentle cleanser," Waibel says. But if the acne is severe, see a dermatologist.

Varicose veins Those bulky bluish veins that may pop up on your legs during pregnancy are thanks to increased blood volume and vasodilation (the widening of the blood vessels) as well as an increase in pressure in your abdomen (read: extra weight). "To help prevent them, avoid standing for long periods of time, elevate your legs, avoid unhealthy weight gain, and elevate your



feet whenever possible," Waibel says.

Linea nigra Thanks to the increase of melanocyte-stimulating hormones (MSH) during pregnancy, you may develop a dark line running from your navel to your pubic bone around the fourth or fifth month. "After pregnancy this line will fade," Waibel says.

Melasma Also called the mask of pregnancy, melasma is a dark brown discoloration that appears on the forehead, cheeks, or upper lip, caused by excess MSH and an influx of estrogen. While there's not much you can do to prevent melasma, sun exposure and heat can worsen the discoloration,

"Fortunately, many skin changes that occur in pregnancy will resolve once baby comes into the world."

says Debra Jaliman, MD, a New York City dermatologist. "Wear a broad-spectrum SPF 30 sunscreen every single day once you find out you're pregnant."

Stretch marks Up to 90% of women will get these purplish lines on their breasts, abdomen, or legs, due to breakage of the collagen and elastic tissue that can occur when you gain weight quickly in those areas. "Unfortunately, these are genetic, so if your mother had them it's more likely that you will get them," Jaliman says. To help reduce their appearance, stay hydrated. "After pregnancy and breastfeeding, they can be treated with topical retinoids as well as lasers, which have some success in blending them into the skin." Slow and steady weight loss post-pregnancy also helps.

ASK YOUR DOCTOR

1. Is my skin care routine safe? List all products and prescriptions you use on your skin.
2. Are my skin conditions normal during pregnancy? Don't be afraid to ask about any skin condition that seems different or you're unsure about.
3. Why am I itching? Dry skin is usually the culprit, but it also could be a benign rash.

Reviewed by **Nivin C.S. Todd, MD**
WebMD Pregnancy Expert



Read **Shopping for a Pediatrician**,
an article at WebMD.com.

LEARN HOW ON PAGE 6

FAMILY &
PARENTING

KIDS' HEALTH

Straight Talk

FIVE WAYS TO BETTER
COMMUNICATE WITH YOUR
CHILD'S DOCTOR

By Gina Shaw

When you visit your pediatrician, you usually get no more than 20 minutes to talk about all your concerns regarding your child's health. Preparation is key to making the most of that brief time, says Dennis Rosen, MD, a pediatric pulmonologist at Boston Children's Hospital and author of *Vital Conversations: Improving Communication Between Doctors and Patients*. Here are his top tips:

1. Prepare in advance. "The day before your visit, make a list of what you hope to accomplish," he advises. If it's a regular, uncomplicated well-child visit, that list may include things like getting an updated copy of your child's immunization records, requesting a health form for camp or school, or asking if your child needs to see an ophthalmologist because he's been complaining his eyes hurt when he reads.

But if your child has a chronic medical condition such as asthma or diabetes, the list may be longer. "You want to make sure you're focusing that 20 minutes on your most important issues," Rosen says. "Bring two copies of your agenda, one for yourself and one for the doctor, and have the receptionist give it to the doctor ahead of time so he walks in the door prepared."

2. It's OK to interrupt. "If we unwittingly use language that doesn't make sense to you, or assume you know something you don't, let us know. If something doesn't make sense, say 'Wait, I don't understand,'" Rosen says.



ASK YOUR PEDIATRICIAN

MOST PEOPLE AREN'T ASKING THE QUESTIONS THEY SHOULD ABOUT WHAT MEDICATIONS THEIR CHILDREN ARE TAKING. DENNIS ROSEN, MD, ADVISES RAISING THESE KEY QUESTIONS:

What is this medication supposed to do?

When and how should my child be taking it? At what times and how often? With food or on an empty stomach? With another device?

How will we know if the medication is working?

She's also taking medication X and vitamin Y (or she's allergic to X). Will there be any interactions or problems with this medication?

What are the possible side effects, and how should we handle them?

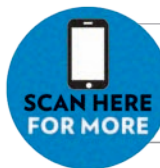
3. Take notes—or have someone take notes for you. Write down things like treatment plans, "homework assignments," and explanations of potential side effects from new medications.

If you have a laptop or tablet, start a document that you update at each visit, making it easier to remember what you talked about last time.

4. Book a longer visit. If you have some big concerns or want to delve deeper into a new diagnosis, medication, or treatment, ask to book back-to-back appointments to make sure the pediatrician has plenty of time with you.

5. Don't worry about offending. "Everybody does research with 'Dr. Google,' but most parents are afraid doctors will be dismissive or offended," Rosen says. "If they are, maybe it's time for a new pediatrician."

Reviewed by Hansa Bhargava, MD
WebMD Medical Editor



PET HEALTH

From Scratch

A LITTLE ITCHING CAN BE A BIG RED FLAG. HOW TO GET YOUR FOUR-LEGGED FRIEND RELIEF

By Jodi Helmer

Does your dog or cat have an ongoing itch? A skin problem might be to blame. “Itching is the No. 1 reason pet owners call the vet,” says Christine Cain, DVM, assistant professor of veterinary dermatology at the University of Pennsylvania School of Veterinary Medicine. Here are four common causes of skin problems that can lead to your pet’s discomfort, irritation, or infection.

Fleas The microscopic insects are the most common parasite that affect dogs and cats. Fleas bite the skin, causing pets to scratch, bite, or lick the bites to ease

the itch. “If a flea infestation is particularly bad or it goes untreated, it can become infected,” Cain says. A regular flea preventive (available from your vet as an oral or topical medication) is the best defense against fleas. Although fleas are more prevalent during the summer months, an infestation is possible at any time. Cain recommends year-round prevention.

Ear mites Dogs and cats, especially those adopted from shelters, can be plagued by ear mites, which burrow into the ears and feed on the wax and oils in the ear canal. A strong odor and black or brown “dirt” in the ears are among the first

signs. Infected pets may also scratch their ears and shake their heads. Although ear mites are highly contagious and can cause extreme itching, Cain notes they are very easy to treat—just don’t wait too long.

Food allergies To find out if kibble is the culprit for hair loss, skin lesions, constant scratching, and non-skin symptoms like gas and diarrhea, your vet may recommend a “food trial,” swapping your pet’s regular food for home-cooked meals (like boiled chicken and rice) or prescription pet food. If symptoms disappear, switching to a different food may solve the problem.

Environmental allergies Pollen, dust mites, mold spores, and other environmental allergens can cause skin reactions called atopic dermatitis or atopy that make pets miserable. Unlike food allergies, which can be alleviated by reducing exposure, environmental allergens are more difficult to avoid. Skin scratch tests or blood work can help pinpoint the offending allergens, and medications can be given under the tongue or via regular injections.

Reviewed by
Will Draper, DVM
WebMD Pet Health Expert

ASK YOUR VET

ITCHY PET? CHRISTINE CAIN, DVM, SUGGESTS ASKING YOUR VET THESE QUESTIONS ABOUT COMMON SKIN ISSUES:

Is this more than just an itch? Sometimes scratching is nothing to be concerned about. If your pet is licking, scratching, or biting himself until he removes patches of hair or creates lesions on his skin, it’s time to make an appointment with the vet.

Is my pet a high-risk breed? Some breeds are more susceptible to environmental allergies than others, she notes. Among cats, Abyssinians have higher rates of allergies than other breeds. Dog breeds with the highest rates of allergies include West Highland terriers, Labrador and golden retrievers, and English and French bulldogs.

What treatments are available? Your vet has countless treatments for fleas and other parasites. But a prescription medication that works for a dog in Portland, Maine, might not be the best option in Portland, Oregon. Ask your vet what will work best for your specific situation. If you have multiple pets, be sure to get a prescription for each one.



A full-page photograph of Cameron Diaz on a beach. She is smiling, wearing a blue polo shirt and light blue jeans, with a white cardigan draped over her shoulders. The background shows the ocean, a sandy beach, and some buildings on a hill in the distance under a clear sky.

Talk *of* AGES

*Hollywood A-lister **Cameron Diaz** grows happier and more beautiful by the year. And with a new book on the science of aging, more accomplished, too*

BY LAUREN PAIGE KENNEDY
PHOTOGRAPHY BY DEWEY NICKS/TRUNK ARCHIVE



Cameron Diaz is one of those megawatt Hollywood stars whose name and image immediately conjure a set of glowing adjectives:

GORGEOUS
FUN
SEXY
COMEDIC
LIGHTHEARTED

Two years ago she widened this descriptive net when she published the best-selling *The Body Book: The Law of Hunger, the Science of Strength, and Other Ways to Love Your Amazing Body*, a scientifically based guide for women that tackles nutrition, fitness, and the importance of emotional self-acceptance—with zero actor-y hang-ups about dieting to stay skinny.

And now Diaz, 43, is at it again. This time, she and co-author Sandra Bark offer *The Longevity Book: The Science of Aging, the Biology of Strength, and the Privilege of Time*. It's a refreshingly positive tour of what to expect as women stride through their 40s, 50s, and beyond, including the menopausal transition.

"It's a celebration of getting older," Diaz says. In other words, you won't find a beauty-obsessed "anti-aging" tip anywhere in this fact-filled tome. She's made sure of it.

"It's the book with information every woman should have," she explains. "In school we learn to read and write, but what do we do with this body? How does it work? For my [second] book I wanted to include everything on aging I wanted to know, and present it in a relatable way. I wanted to understand why I shouldn't be afraid. I mean, I feel great! Does that mean there's something wrong with me?"

Definitely not. Diaz, known for being super-athletic, has a fit figure women of all ages might envy. Still, she's the first to acknowledge how it's changing—and to talk about how she plans to embrace its inevitable metamorphosis.

She's had great role models in this regard, especially "my grandmother on my mom's side" who was always "strong as hell...I didn't consider her old." She also writes lovingly about her mother, whose beauty "shines from the inside out," something Diaz tries to emulate.

But does Diaz feel any creeping sense of dread as her forties unfold? Any anxiety about "the change" coming her way? Especially as an actor whose appearance is mercilessly scrutinized by Hollywood's decision-makers, gossip sites, and fans?

"When I was 25, I looked forward to being 30," she says. "In my 30s, I was like, where are my 40s? It's something I've always looked forward to, the journey we get to take while we live. Aging is a privilege," she reminds us all. "It's not a given. It's not something we should assume is going to happen to us. We *hope* we get to grow old. So how do you want to do it? How do you want that experience to be for you? How can you make that journey be of real value?"

Science Fare

Here is where the science comes in. Diaz and Bark interviewed top researchers from across the country who study the effects of aging on women. What they took away from these meetings surprised them both.

"We asked, 'What's the science? How can we be revolutionary? We want to tell women: *This is what you need to do*. We learned genes are part of [how well we

SWAN'S SONG

age], and that health occurs at the cellular level. But we can affect our genes with different choices and how we take care of ourselves.

“Every doctor we spoke to—and it didn’t matter the specialty—told us, ‘We look at nutrition, diet. We tell our patients to eat better, move more, sleep. And once they change those things, usually that’s what changes their condition the most.’”

At this, Diaz notes, “People don’t always follow through, though. They want to take a pill. They don’t want to implement simply changing their diet, getting more physical activity and sleep. It’s hard to break bad habits and develop good ones. Yet, the most important thing we can do to live longer and stronger is to build health-conscious habits now.”

These habits are even more important as women confront the challenges of menopause. Because so many women face these changes armed only with anecdotal stories from their mothers and grandmothers, many feel anxiety about what to expect. Are there differences between women of varying ethnic backgrounds, for instance? Do weight and fitness level play a role? What about attitude? And how drastic is the transformation? Does it happen overnight?

To separate fact from fiction, Diaz and her co-author met with Gail Greendale, MD, professor of medicine and obstetrics and gynecology at UCLA, Los Angeles, and principal investigator of the Study of Women’s Health Across the Nation (SWAN) at its UCLA outpost.

Greendale stresses that SWAN, which has studied the menopausal transition for more than 20 years at various research sites, builds from the work of earlier pioneering studies. It is, however, the first, largest, and lengthiest study of its kind, collecting data from more than 3,300 women, a consortium of white, black, Hispanic, Japanese, and Chinese participants.

What’s clear from SWAN’s findings is that “every woman is different,” Greendale stresses; that “menopause is a transition,” not a sudden shift; that it occurs gradually over many years with a range of symptoms; and that these symptoms are “common, but do not occur in all women.”

The Study of Women’s Health Across the Nation (SWAN) is “a multi-center, multi-ethnic, community-based longitudinal study conducted to characterize the biological, symptomatic, and psychosocial changes that occur during the menopausal transition,” says Gail Greendale, MD, principal investigator at SWAN’s UCLA outpost. More than 3,300 ethnically diverse women across seven research sites have participated in SWAN since 1996. Key findings include:

MENOPAUSE IS A TRANSITION. LET’S CALL IT MT. Most women undergo MT between ages 48 and 55. Early perimenopause means less predictable menstrual cycles, without menstrual gaps in the cycle. Late perimenopause means gaps of at least three months. Postmenopause means going 12 months without a period.

WOMEN GO THROUGH MENOPAUSE DIFFERENTLY. Ethnicity can affect when menopause begins, as well as the severity of certain symptoms. For instance, African American and Hispanic women reach menopause a little earlier, and Japanese and Chinese women a little later, than the average Caucasian woman, who reaches menopause at 51.5. In addition, African American women may have vasomotor symptoms (hot flashes) for a longer duration (10 years) than other women (who average seven years). Weight, too, factors in. Among pre- and perimenopausal women, heavier women on average have more hot flashes; yet for postmenopausal women, extra weight may lead to fewer hot flashes.

MOOD SWINGS ARE NOT JUST ABOUT FLUCTUATING HORMONE LEVELS. Estrogen levels do decrease during menopause, which can lead to feelings of tension or irritability. However, according to Greendale, “stress, genetics, and amount of social support can all influence mood swing symptoms and their severity.”

In other words, menopause can be as different as the women who go through it. And, interestingly, SWAN’s research shows that a woman’s attitude toward this physical change affects the frequency and severity of her menopausal symptoms.

“Learning that the more you accept it, the less stressed you are and the more prepared, and the more you allow yourself to contemplate, ‘What does this mean to me? Where do I want to end up, and who is going to take that journey with me?’ is empowering,” Diaz says. “Everyone is different, just like my period is different from my best girlfriend’s. But we’ll go through it together—and it’s going to be OK. We’re going to hold hands through it! The more you accept aging and allow it to happen, the easier it is and the fewer symptoms you’ll have.”

Inside Out

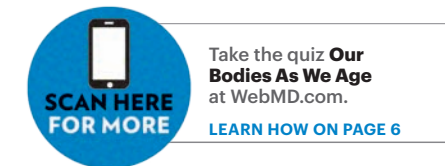
Diaz may be the rare actress who doesn’t fear growing older, but she doesn’t judge those who fight the outward advance of age with injectables, fillers, and cosmetic surgery. Still, she hopes those who do pay attention to developing their inner glow, too.

“Doing a procedure is a normal thing now,” she says. “The levels to which we take it, and the images the entertainment industry reflects back to us, can be confusing. I’m not against it; it absolutely does its job,”

she says of cosmetic enhancement. “If it makes you feel better about yourself, great. But I don’t want people to think they’re taking care of their whole being...the superficiality of the exterior doesn’t reflect all of you. Pay attention to what’s *inside* of you, and take care of it in a real way, on the biological, cellular level.”

Diaz practices what she preaches. “I try to work out and break a sweat every day,” she says. “I’m anxious during the days when I don’t and feel less capable of holding in my emotions, being focused. Working out first thing in the morning is really important for me; I need those endorphins.”

Always active, always into surfing and hiking, Diaz knew she had another muscle to stretch when she reached her 40s: her heart. Or more specifically, its need for love. Diaz wed Good



Charlotte rocker Benji Madden in January 2015, the first marriage for both.

“Yes, I focused on my well-being, fitness, and nutrition,” she says of entering her 40s, “but I realized how I’m in a different phase now. During my first year of marriage, I’ve been rerouting *everything*. I’m expanding different parts of myself, taking care of myself in ways I never did well before. I’m focused on my husband and our life together. It thrills me, makes me feel whole in a brand-new way.”

Madden is clearly just as thrilled with matrimony. The guitarist recently tweeted gushing enthusiasm for Diaz and her latest project. “She wakes up every day on a mission to try and make the world a better place,” he posted on Twitter. “I’m always amazed by the courage, strength, and vulnerability she shows, relentlessly encouraging other women to love themselves.”

Diaz says of this loving support, “I didn’t know how powerful being vulnerable is—until now. My husband helped me figure this out. He really helped me to understand it.” Seems middle age isn’t quite so scary, after all. For Diaz, it’s looking pretty fantastic.

Reviewed by Brunilda Nazario, MD
WebMD Lead Medical Editor

DIAZ’S *Feel-Good Philosophy*

Vibrant, successful, and more fulfilled than ever, Cameron Diaz refuses to go along with society’s swan song for women entering middle age. Here’s how:

Attitude Is Everything

“Feelings of happiness and satisfaction actually increase with age,” Diaz writes. “In fact, studies around the world have consistently found that the happiest people are between 82 and 85 years old.” Factor in how your attitude toward aging can affect the physical symptoms of menopause, and this can mean only one thing:

You just might feel as good as you think, no matter how old you are.

Include Your Partner

“I’m so happy I have someone to share this journey with,” the newlywed actor says. Not only does a recent study, shared in her book, show increased sexual satisfaction among healthy women between

the ages of 40 and 80; the importance of emotional support may contribute to fewer and less frequent menopause symptoms.

Gab With Your Girlfriends

Diaz, whose world-famous girl squad includes fellow celebrities Nicole Richie, Gwyneth Paltrow, and Drew Barrymore, maintains that close friendships are key for aging well. “Talk to your friends. Ask them what they’re going through. Tell them what you’re going through.”

Meditate

“I started meditating three or four years ago. When I make time to do it at least once a day, I really feel the difference. Twenty minutes of meditation heals and changes the brain. Even in New York City in the back of a cab on the way to an appointment, when I feel frantic and all over the place, I instantly feel better. I think: *Why didn’t I do that earlier?* My whole body releases the stress it’s been under.”

Alzheimer's disease.
Research shows that women develop
and experience the condition
differently than men. New findings shed
light on some reasons why

gender GAP

Alzheimer's disease hit the Schafferman siblings hard. Audrey was the first. She was diagnosed at age 65, about three years before her younger brother Gene. Audrey died in 2007. Gene's death followed five years later.

Gene's daughter, Donna Shore, recalls that the disease looked a lot different in her father than it did in her aunt.

"Aunt Audrey went a lot faster than my father did," says Shore, 58, of Littlestown, Pennsylvania. He was so spry and vibrant that he was able to continue his favorite hobby—dancing—until just a year before his death.

Shore is especially grateful that her dad never forgot who she was, calling

her by her nickname, Sparky, right up until his death.

Audrey's loss seemed crueler. The kind and loving mother and grandmother became paranoid. She accused her daughters of stealing her glasses and her Social Security checks—that is, when she could remember who her children were.

"I would have to go to the bathroom and cry, because I wasn't used to my mother talking to me that way," says Audrey's daughter, Robin Broyles, 62, of Baltimore.

Though the experience of Alzheimer's is highly individual, researchers think what happened in the Schafferman family may be part of a larger pattern, one that puts women in the epicenter of the Alzheimer's epidemic.

Studies show that by age 65, women have about twice the risk of developing Alzheimer's. About one in six women will get Alzheimer's after age

65, compared with about one in 11 men. Approximately two-thirds of people in the United States with Alzheimer's are women.

Not only are women more likely to get Alzheimer's disease, but recent studies suggest the disease progresses more swiftly in women, causing them to decline faster, and further, than men, at least in the beginning stages.

AGE AND OTHER FACTORS

Researchers have long thought the main reason for women's increased risk was age. Alzheimer's is a disease of aging, and women live longer than men. But experts say age alone doesn't entirely explain the extra risk.

Researchers at Duke University recently looked at the medical histories—documented by written tests and brain scans—of almost 400 women and men. All showed early changes in memory and thinking that often, but not always, progress to Alzheimer's disease.

What the researchers found was striking. Women with early memory



By Brenda Goodman

changes declined about twice as fast as men did, and they ended up worse off, too.

“Our findings suggest that men and women at risk for Alzheimer’s may be having two very different experiences,” says Katherine Lin, a senior medical student at Duke and lead author of the study. Lin says it’s possible there’s something unique to women’s biology or life experiences that makes them more vulnerable to Alzheimer’s disease. “Uncovering those factors should be a high priority for future research,” she says.

In May 2015, the Alzheimer’s Association launched the Women’s Alzheimer’s Research Initiative, which will focus on funding studies to tease out what those as-yet-unknown factors may be. The organization plans to announce the first round of study grants totaling up to \$2 million this month.

“It’s not just that women are living to be older. There’s something else going on in terms of the biology, the environment, for women compared to men that may make them at greater risk or, if they have some symptoms, change the progression,” says Kristine Yaffe, MD, a professor of psychiatry, neurology, and epidemiology at the University of California, San Francisco.

NEW CLUES IN WOMEN

One of the biggest risk factors for Alzheimer’s disease—in men or women—is a version of a gene that carries instructions for a protein called apolipoprotein e (APOE4). The protein

“It’s not just that women are living to be older. There is something else going on in terms of biology, the environment...”



PREVIOUS PAGE: PETER DAZELY/GETTY IMAGES; LEFT: EXACTOSTOCK/GETTY IMAGES

ferries cholesterol and sticky plaques known as beta-amyloid, which clog the brain and are linked to Alzheimer’s, in and out of brain cells.

That increased risk doesn’t appear to be shared equally by men and women. A study of more than 8,000 people found that while having one copy of the gene only modestly increased the risk of memory problems for men, it nearly doubled the risk for women.

Other studies question whether lifestyle factors and experiences particular to women may play a role. Women are more likely to have depression, and depression is linked to an increased risk for Alzheimer’s disease. People with more education seem to be at lower risk of developing Alzheimer’s. Historically, women have been less educated than men. Exercise appears to protect the brain from Alzheimer’s, and studies show that, at least in the past, women haven’t been as physically active over the course of their lives as men.

Even surgical anesthesia is riskier for women. Researchers at Oregon Health & Science University found that men and women who’d been put to sleep for surgery did worse on tests of thinking and memory, and the declines were worse for women. Women also showed more brain shrinkage on MRI scans after anesthesia, says Katie Schenning, MD, an anesthesiologist in Portland, Oregon.

THE ROLE OF HORMONES

Another major puzzle about Alzheimer’s has been the role of hormones, and

whether hormone replacement therapy hurts or helps a woman’s memory as she ages.

Estrogen plays a large role in brain health. During the period just before menopause, when estrogen levels naturally start to fall, many women complain of problems with foggy thinking and scattered attention.

Several studies have tested whether giving hormones to women when they first go into menopause might keep their memory sharp. But those tests have come up empty, says Victor Henderson, MD, a professor of health research and policy and of neurology at Stanford University.

“Whether or not it’s going to make someone a little smarter or a little duller, I don’t think there’s much of an effect there,” Henderson says.

Menopause isn’t the only time in a woman’s life when her brain goes through big changes. During pregnancy, a woman’s brain—and her baby’s—gets bombarded with a brain hormone called allopregnanolone. In mice bred to have a model of Alzheimer’s disease, allopregnanolone sparked the growth of new brain cells, reduced the amount of beta-amyloid in their brains, and reversed the memory and thinking changes associated with the disease.

Of course, mice aren’t people. Drugs that look promising in animals often do little or nothing for humans. But Roberta Diaz Brinton, PhD, a professor of pharmacology and pharmaceutical sciences at the University of Southern

California, thinks the hormone has promise and is currently testing it in humans as a treatment for Alzheimer’s disease and other kinds of dementia.

Lupron is another drug that has shown promise, at least for some patients. The FDA has approved Lupron to treat endometriosis and shrink uterine fibroids. In one study of more than 100 women with Alzheimer’s, women who took a weekly injection of the drug, along with the Alzheimer’s medication Aricept, saw almost no decline in their memory during the course of a year compared to women who took Aricept alone.

WAITING AND HOPING

While science churns slowly on, Audrey Schafferman’s family still struggles to cope without her.

When Audrey was 17, she married a man named Dennis Rose. After each child and grandchild was born, Audrey would proudly say, “It looks like the Roses!”

After Audrey’s death, in 2007, Jaime Stone and some of Audrey’s other grandchildren formed a team to raise money for Alzheimer’s research. They walk under the name Audrey’s Little Roses. It’s the best way they know to honor the matriarch who took so much with her when she left them.

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

14 Ways to Reduce Alzheimer’s Risk

Alicia Arbaje, MD, MPH, an assistant professor of medicine at Johns Hopkins University whose clinical expertise includes geriatric medicine, suggests ways to keep your mind sharp and help prevent the disease.

1 Get physical. Exercise boosts blood flow to the brain and increases levels of proteins that help nerve cells thrive.

2 Be social. “Be active and engaged in life,” Arbaje says. Travel with friends, take group classes, or volunteer. “Giving back makes you feel better and creates actual changes in the part of the brain responsible for executive function, planning, and processing.”

3 Just dance. Recalling dance moves and sequences keeps your brain cells alert and active.

4 Eat more leafy greens. These foods contain healthy antioxidants and vitamin K, shown to slow cognitive decline and keep memory sharp.

5 Eat a heart-healthy diet. Diets rich in whole grains, fresh fruits and veggies, fish, nuts, and healthy fats like olive oil help prevent blood vessel damage that can harm the heart and brain. Avoid processed foods.

6 Try a spice. Add a dash of turmeric to your meals. Studies say it helps tame Alzheimer’s-related inflammation. Also try cinnamon and garlic.

7 Be mindful. Meditation, or mindfulness, helps soothe stress. Stress leads to depression, which is linked to dementia. Meditating also increases brain size and may improve mental function.

8 Get your zzz’s. Lack of sleep is linked to abnormal protein deposits, called plaques, in the brain. Doctors see these plaques in the brains of those who have Alzheimer’s disease.

9 Quit smoking. This is the single most important thing you can do. Tobacco use harms blood vessels, which can starve your brain of oxygen. Smoking is linked to higher levels of brain-damaging inflammation.

10 Play mind games. Intellectually stimulating games and puzzles like Sudoku and crosswords help your brain stay in tip-top shape.

11 Make some music. Playing an instrument—and learning to play at any age—helps the brain form new connections between nerve cells, which keeps the mind sharp.

12 Learn a new language. Speaking more than one language offsets age-related memory loss and helps preserve thinking skills.

13 Protect your head. Wear a helmet when biking or playing high-impact sports. There’s a big link between severe head injury and Alzheimer’s.

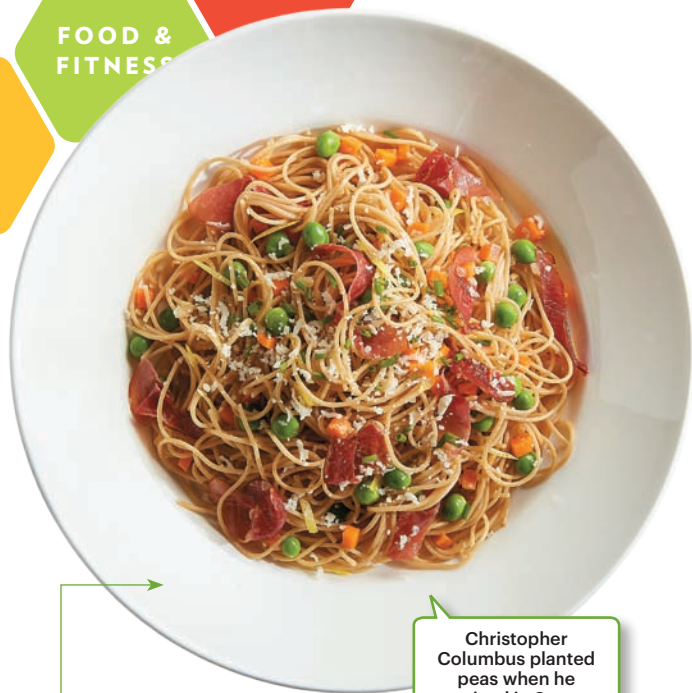
14 Try a new hobby. Leisure activities like knitting, gardening, and even traveling have been linked to a lower risk of mental decline. And doing it with others gives you the best benefit. —Kelli Miller

IN SEASON

Pod Power

*By Erin O'Donnell**Recipes by Kathleen Zelman, MPH, RD, LD*

If you hid peas under your plate to avoid eating them as a kid, give these petite power foods another look. Garden peas (also called English or sweet peas) are a perfect package of nutrients and flavor. Cooking them briefly (not to army-green mushiness) allows their delicate flavor to shine. “If you want to get someone who thinks they don’t like vegetables to eat them, these are good ones to start with,” says Mary Cluskey, PhD, RD, associate professor in the College of Public Health and Human Sciences at Oregon State University. A cup of peas contains an impressive 8 grams each of protein and fiber, along with a quarter of an adult’s recommended daily value of heart-healthy folate. Peas are a great source of thiamin, a B vitamin that keeps nerves healthy. Early research suggests that plant chemicals in peas, such as coumestrol, may fight inflammation, a condition that can lead to heart disease and cancer. Check out these ap-pea-ling new ways to prepare peas.



Christopher Columbus planted peas when he arrived in Santo Domingo in 1492.

Three Ps

This fast, delicious dish is popular with kids. It looks and tastes best when made with fresh peas. Start with 2 pounds of peas in their pods to get the 2 cups of shelled peas needed here.

Pasta With Peas and Prosciutto

Makes 6 servings

Ingredients

- 2 cups fresh, shelled green peas
- 4 tbsp extra virgin olive oil
- 1 tbsp finely minced shallot
- 3 garlic cloves, finely minced
- 1 carrot, peeled, finely diced
- 4 slices prosciutto (2 oz), thinly sliced
- 12 oz whole grain fusilli or angel hair pasta, cooked (reserve ½ cup cooking water)
- 1 tbsp lemon juice
- 2 tsp lemon zest
- ⅔ cup (3 oz) grated pecorino cheese
- ¼ cup chopped fresh chives

Directions

1. In a large pot of boiling water, cook fresh peas briefly, for 2 minutes. Remove from heat and drain.
2. Heat a large, nonstick skillet coated with cooking spray over medium heat. Add oil, shallot, garlic, and carrot and cook 3–4 minutes. Add prosciutto and cook an additional 2–3 minutes.
3. Add peas and pasta to the pan, tossing to coat the pasta. Heat thoroughly, about 3–4 minutes.
4. Add up to ½ cup of the reserved pasta water to moisten, along with lemon juice and zest.
5. Divide pasta among six plates, and garnish with cheese and chives. Serve immediately.

Per serving

416 calories, 20 g protein, 54 g carbohydrate, 15 g fat (4 g saturated fat), 17 mg cholesterol, 3 g fiber, 4 g sugar, 449 mg sodium. Calories from fat: 33%

Reviewed by
Hansa Bhargava, MD
WebMD Medical Editor

Because they are so easy to grow, peas were popular among American colonists and pioneers heading west.

Power Dip

Adding peas to everyone's favorite party food—guacamole—gives it a lighter, sweeter flavor perfect for spring. Peas also intensify the color; this dip stays green longer than the traditional version. Using fresh peas? Start with 1 pound of peas in their shells. Frozen works here, too.

Sweet Pea Guacamole

Makes 8 servings

Ingredients

- 1 cup fresh shelled green peas (can substitute frozen peas, thawed)
- 6 green onions, chopped
- 1 tsp ground cumin
- ½ tsp chili powder
- 1 large garlic clove, chopped
- ½ tsp red pepper flakes
- 1 tbsp extra virgin olive oil
- juice of a fresh lime
- 1 large ripe avocado, mashed
- 1 large tomato, finely chopped
- 2 tbsp packed cilantro leaves, chopped, with more for garnish
- ½ tsp kosher salt
- freshly ground pepper to taste

Directions

1. If you use fresh peas, blanch them: Place them in a large pot of boiling water for 1 minute, then immediately pour peas into a colander to drain.
2. In a food processor or blender, combine peas, onions, cumin, chili powder, garlic, red pepper flakes, olive oil, and lime juice. Process until smooth.
3. Transfer to a serving bowl. Stir in avocado, tomato, and cilantro. Season with salt and pepper. Serve with whole grain baked tortilla chips, vegetables, or whole grain crackers.

Per serving

68 calories, 2 g protein, 6 g carbohydrate, 5 g fat (1 g saturated fat), 3 g fiber, 2 g sugar, 151 mg sodium. Calories from fat: 57%

English peas were one of Thomas Jefferson's favorite vegetables. He planted at least 19 varieties in his garden.



Sugar snap peas, first grown in 1979, are a cross between garden peas and snow peas.



Special Sauce

Few flavors say spring like the deliciously delicate combo of peas and mint. This recipe uses a food processor or blender to turn peas into a fresh green sauce that tastes great with grilled chicken. If you use fresh peas in their shells, start with 3 pounds to yield 3 cups of peas. Frozen peas also work well here.

Grilled Chicken With Minted Pea Sauce

Makes 8 servings

Ingredients

- 3 cups freshly shelled peas (can substitute frozen peas, thawed)
- ½ cup fresh mint leaves
- 1 cup fresh baby spinach leaves
- 4 tsp honey, divided

- 3 tbsp white balsamic vinegar, divided
- 3 tbsp extra virgin olive oil, divided
- 1 tbsp orange juice (more if needed)
- ½ tsp kosher salt
- freshly ground black pepper to taste
- 8 (6 oz) boneless, skinless chicken breasts

Directions

1. If you use fresh peas, blanch them: Place them in a large pot of boiling water for 1 minute, then immediately pour peas into a colander to drain. Return empty pot to medium heat. Add mint and spinach and stir briefly until wilted, 10–15 seconds.
2. In a food processor or blender, add peas, mint, spinach, 3 tsp honey, and 2 tbsp vinegar. Purée until smooth, drizzling in 2 tbsp olive oil while processing.

Thin with orange juice if mixture is too thick. Season with salt and pepper. Set aside.

3. Make basting sauce: In a small bowl, whisk together remaining vinegar, olive oil, honey, and orange juice.
4. Heat a grill or grill pan to medium-high heat. Coat with cooking spray. Brush both sides of chicken breasts with basting sauce. Grill 5–7 minutes per side or until an instant-read thermometer registers 165°F. Baste periodically while grilling.
5. Divide minted pea sauce onto eight plates, reserving some for garnish. Place a grilled chicken breast on each plate, and garnish with an extra drizzle of sauce on top. Serve immediately.

Per serving

294 calories, 42 g protein, 12 g carbohydrate, 8 g fat (1 g saturated fat), 99 mg cholesterol, 3 g fiber, 7 g sugar, 263 mg sodium. Calories from fat: 23%

BREAKFAST 411

Ellie Krieger is no stranger to getting breakfast in a hurry. The busy dietitian has been filming a new American Public Television cooking show that airs this spring, *Ellie's Real Good Food*. And her latest cookbook, *You Have It Made: Delicious, Healthy, Do-Ahead Meals*, hit shelves in January.

Two to three ingredients are all you need for a healthy breakfast: a protein, a fruit or vegetable, and an optional whole grain. That can mean something as simple as Greek yogurt and a banana, or a hard-boiled egg with whole grain cereal mix (Krieger prefers whole grain cereal squares, nuts, and dried fruit) to pair with yogurt (or a latte).

Try Ellie's favorite grab-and-go breakfast:

overnight oats. Combine ingredients in a bowl, then divide into four mason jars on a Sunday night, and they'll be ready for the week:

Blueberry Chia Overnight Oats

- 1½ cups nonfat or 1% milk
- 1 cup nonfat or low-fat plain yogurt (not Greek-style)
- ½ cup all-fruit blueberry jam
- 1 tsp pure vanilla extract
- 1 cup old-fashioned rolled oats
- 2 tbsp chia seeds

"There are so many ways you can vary it: Change up the fruit, seeds or nuts, and sweetener—I prefer jam, honey, or maple syrup," Krieger says.



OFF THE MENU

Lisa Schroeder

RESTAURATEUR AND AUTHOR
PORTLAND, OREGON

By Matt McMillen

On Mother's Day, Lisa Schroeder does what she does all year long: celebrate mothers.

"I work my tush off feeding a thousand people," says Schroeder, 58, chef and owner of Mother's Bistro & Bar in Portland, Oregon. "I haven't had a Mother's Day since I opened 16 years ago. My daughter and I go out for a meal the next day, but that Sunday is reserved for other mothers, not me."

Schroeder's restaurant, a local favorite, serves what she describes as the food that a mom would make if she had the time: comfort foods like long-braised short-rib pot roast, slow-cooked pulled pork, and a stew of chicken and dumplings.

Along with these menu staples, Schroeder features a shifting selection of dishes



inspired by mothers from around the globe.

"Each month, we feature the cuisine of a different mother and we tell her story," says Schroeder. "Whether it's a Russian mother, a Hungarian mother, a German mother, I

look to them to inform what I serve."

In January, she honored Helen Dana, 95, the daughter of Hungarian immigrants, with her take on pork goulash, chicken paprikash, and *toltott kaposzta*, or stuffed cabbage rolls.

Schroeder, co-author of the cookbook *Mother's Best: Comfort Food That Takes You Home Again*, says her mother is her greatest influence. "She owned a restaurant called the Little Spot in Philadelphia before I was born. Cooking is in my blood."

While deeply devoted to her restaurant, Schroeder values her days off. That means spending time with her twin 3-year-old grandsons and the rest of her family. She likes to prepare a dish that she can whip up quickly, such as the pan-seared cod puttanesca she shares here.

"When I cook for the family, I don't want to be in the kitchen while they're there."

Reviewed by
Hansa Bhargava, MD
WebMD Medical Editor

Pan-Seared Cod Puttanesca

Makes 4 servings

Ingredients

- 4 (6-oz) red snapper or cod fillets (about 1½ lbs)
- salt and pepper to taste
- ¼ cup all-purpose flour
- 3 tbsp olive oil
- 5 cloves chopped garlic
- 1½ cups diced fresh or canned tomatoes
- ½ cup pitted black olives, preferably niçoise
- 2 tbsp capers, drained and rinsed
- ¼ cup dry white wine, such as pinot grigio
- 1 tbsp chopped fresh Italian (flat-leaf) parsley

- 1 tbsp butter, cut into pieces
- orzo and sautéed spinach for serving

Directions

1. Preheat oven to 200°F. Place fish on a baking sheet and season the top of each fillet with a pinch of salt and pepper.
2. Place flour in a shallow bowl or plate. Dip the fish in the flour on both sides and return to the baking sheet until ready to cook.
3. Meanwhile, place a large sauté pan over medium-high heat for several minutes. When hot, add olive

oil and heat until shimmering. Add fish, skin side up. Cook until golden on one side, about 3 minutes. (You may have to cook the fish in two batches, adding more oil if necessary.) Using a spatula, flip fish over and continue to cook until golden, another 3 to 4 minutes. Place fish on a serving platter and place in oven while you finish the dish.

4. Place the pan over medium-high heat. Add garlic and sauté until fragrant, stirring once or twice (about 1 minute). Add tomatoes, season

with salt and pepper to taste, and cook 2 minutes, stirring occasionally. Add olives, capers, white wine, and parsley. Increase heat to high and simmer sauce until slightly reduced.

5. Remove pan from heat and swirl in the butter. Remove fish from oven. Pour tomato mixture on top and serve over orzo with a side of spinach.

Per serving (fish dish only)

365 calories, 37 g protein, 11 g carbohydrate, 17 g fat (4 g saturated fat), 71 mg cholesterol, 2 g fiber, 2 g sugar, 359 mg sodium. Calories from fat: 42%



Watch **Strength and Cardio Challenge**, a video at WebMD.com.
LEARN HOW ON PAGE 6

WORK IT OUT

Smart Moves

THIS IS YOUR MONTH. PUT YOURSELF TO THE TEST WITH THESE 30-DAY CHALLENGES

By Kara Mayer Robinson

Want to get more fit, but not sure where to start? Try a 30-day fitness challenge. Getting started is easy: You pick a fitness goal, find a matching challenge, then follow the preformulated weekly plan to reach your target.

"A 30-day challenge is great because it takes the guesswork out of what to do to create healthy habits," says Catherine Basu, MED, owner of Fit Armadillo, a personal training program in Houston. It's also a fun way to shake up your current fitness routine. Basu gives bonus points to these challenges for being SMART: specific, measurable, attainable, realistic, and time-bound.

You can find a fitness challenge just about anywhere: local gyms, universities, smartphone apps, and online. Here's a sampling:

Presidential Champions Challenge

presidentschallenge.org

Goal: Be more active, lose weight, build muscle mass

This government-sponsored challenge is free. You choose your desired award (bronze, silver, gold, or platinum), then collect enough points to reach your goal. Choose from 100 activities and earn points for each. The more calories your activity torches,



the more points you get. Track your progress online. When you've earned enough points for a reward, you've crossed the finish line.

Couch to 5K

Various apps at itunes.apple.com

Goal: Run a 5K (3.1 miles)

Wish you were a runner, but don't believe you're up to the task? Smartphone apps such as Couch to 5K and C25K can prep you for a 5K, one step at a time. You'll run (and walk) while your virtual coach gives you verbal cues to guide you through each workout. The apps spell out your weekly program, record your workouts, and track

your progress. Some also have GPS support for mapping your routes and social media tools for sharing your progress. In eight to 10 weeks, you'll be ready to lace up for your 5K.

30-Day Yoga Challenge

Various websites

Goal: Improve your fitness, posture, flexibility, relaxation, sleep, and digestion

If you want to bone up on your yoga form without stepping foot in a studio, plenty of 30-day yoga challenges are up for grabs online. Many are free (doyouyoga.com and yogawithadriene.com), and others (pranashama.org's

30DYC) are paid subscription services that offer extras such as guided meditation, audio classes, and e-books. Many send you a daily email with an inspirational message and link to the workout of the day. Most sessions run about 10 to 20 minutes, can be done at home with no special equipment, and are A-OK for beginners.

Concept2 Global Marathon Challenge

log.concept2.com/challenges/marathon

Goal: Build strength and endurance

If you love to rock a rowing machine but could use some camaraderie, try this annual challenge, which runs May 1–15. Join your fellow rowers and skiers across the globe as you burn through meters on an indoor rowing or Nordic skiing machine. The goal is to rack up the equivalent of a half marathon (21,097 meters) or full marathon (42,195 meters) in a single workout. Follow the training plan, log your meters online, and see how your comrades are doing. Hit your target, and you'll score a mention on Concept2's honor boards, a completion certificate, and special marathon pin.

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



FITNESS CHALLENGE

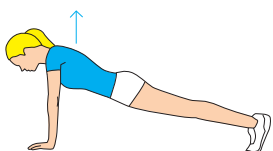
Core Planking

CASH IN ON YOUR NEXT AB WORKOUT WITH THESE STRENGTHENING MOVES

By Jodi Helmer

When it comes to tried-and-true fitness moves, planks are as revered as push-ups and squats. Tom Holland, MS, exercise physiologist and co-author of *Beat The Gym: Personal Trainer Secrets—Without the Personal Trainer Price Tag*, calls the plank “a simple and effective exercise that requires no equipment and can be done anytime, anywhere.”

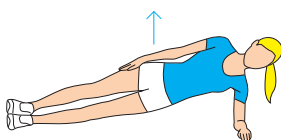
“It’s one of the few exercises that works the front and back of the abs at the same time,” Holland says. To maximize the effectiveness of the move, he suggests trying three different variations of the plank to work different core muscles. Aim to add the moves to your fitness routine at least three times per week.



Straight-Arm Plank

This great move for beginners works the entire core, including the obliques, abs, glutes, and pectoral muscles.

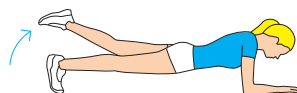
1. Assume a push-up position: Your arms should be straight with hands shoulder-width apart and placed underneath your shoulders. Place your feet an inch or two apart and balance on your toes.
2. Keeping your head and neck in a neutral position, look at the floor in front of you and tighten your abdominals by pulling your belly button toward your spine.
3. Focus on keeping your body perfectly straight from your shoulders to your feet, and hold until you begin to lose your form.
4. Take a break and repeat, working toward two to three sets of 30 to 60 seconds each.



Side Plank

This variation of the plank targets the obliques.

1. Lie on the floor on your left side with your legs stacked on top of one another.
2. Support your upper body with your left arm bent 90 degrees, forearm on the floor with fingers pointing forward and your elbow underneath your shoulder.
3. Resting your right arm on the outside of your right leg, raise your hips off the ground until your body forms a straight line from your shoulder through your ankles. Your left arm and foot will support your weight.
4. Hold until you begin to lose form.
5. Repeat two to three times, working up to holding the position for 30 to 60 seconds.
6. Repeat on the opposite side.



Forearm Plank With Raised Feet

1. Assume a push-up position, bend your arms, and support yourself on your forearms and toes, keeping feet 2 inches apart.
2. Keeping your head and neck in a neutral position, look at the floor in front of you and tighten your abdominals by pulling your belly button toward your spine.
3. Keeping your body perfectly straight, raise your right foot off the floor.
4. Return to starting position.
5. Raise your left foot off the floor.
6. Continue alternating, raising right and left feet off the floor. Stop when your form becomes compromised. Aim for a total of 30 to 60 seconds.
7. Repeat two to three times.

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

Q

“How can I ease muscle aches after a workout?”

Shannon McKinnon, 36,
caseworker, Bowmanville, Ontario



A

“Muscle soreness after exercise often starts about 12 to 24 hours after a workout and can last for three days. Maintaining a consistent fitness routine is one of the best ways to combat muscle soreness. Within two to six weeks, your body will adapt to your workouts and you’ll feel less sore afterward. In the meantime, alternate applying heat and ice to sore muscles; heat increases tissue elasticity and ice reduces inflammation. Also, don’t forget to stretch. Light cardio and stretching following a workout—foam rolling is great—will improve muscle and tissue mobility.”

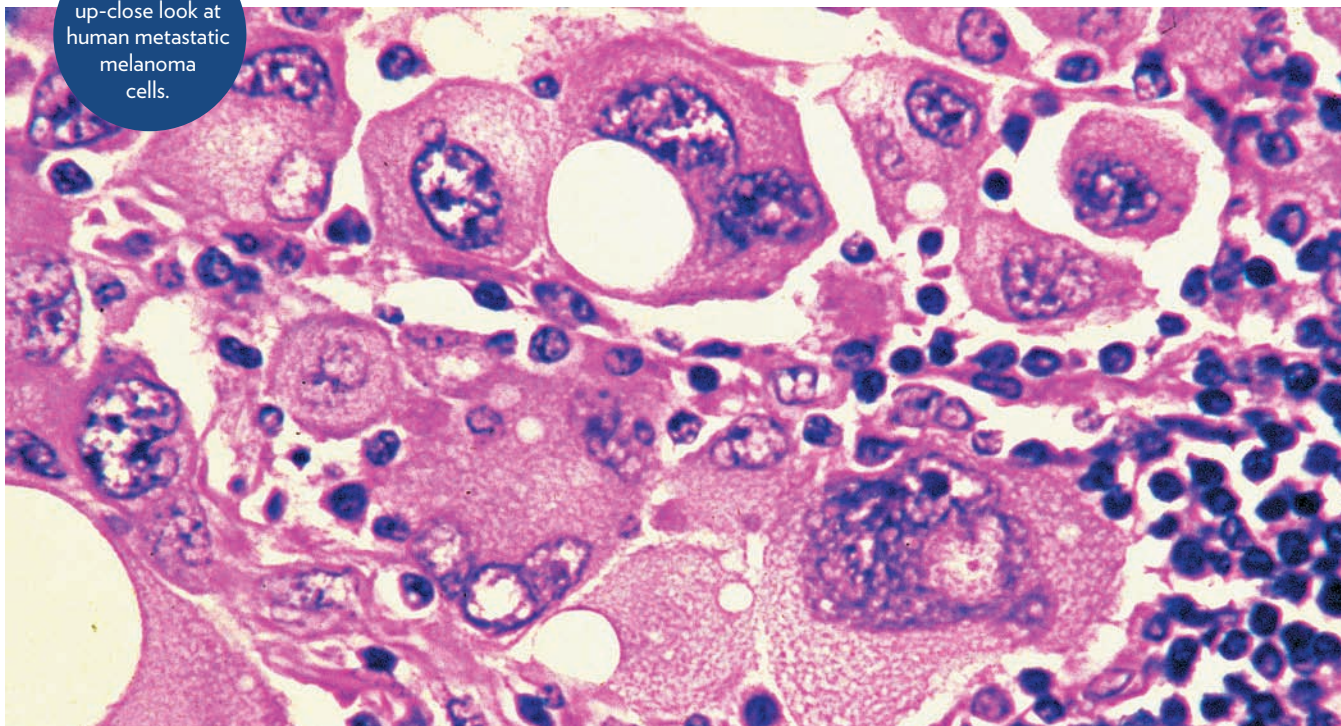


Rami Weinberg, DPT,
a physical therapist, certified strength and conditioning specialist, and assistant clinical professor of physical therapy at the University of California, San Francisco

WebMD[®] Checkup

TAKING CARE, LIVING WELL

At right, an up-close look at human metastatic melanoma cells.



May 2 is **Melanoma** Monday

Doctors diagnose about 76,000 cases of melanoma every year. Caught early, melanoma is almost always curable. But untreated or caught too late, it is the deadliest form of skin cancer.

Melanoma can look like a mole or develop from a mole. The spot is usually black or brown, but melanomas can also be pink, red, purple, blue, white, or skin color. Routine skin checks with a doctor can help detect skin cancer early. You should also check yourself for signs. The ABCDE rule can help you remember possible symptoms of melanoma—**a**symmetry, **b**orders, **c**olor, **d**iameter, **e**volving.

Melanomas are often not symmetric, so one side is different from the other. They may have jagged, uneven edges. Their color can be inconsistent across the mole. Melanomas are often larger than a quarter

inch in diameter. That's about the size of the eraser on the end of a pencil. Melanomas can change over time while moles stay the same. But not all melanomas fit that pattern.

When doctors diagnose melanoma early, surgical removal of the cancerous tissue may be the only necessary treatment. If the melanoma spreads beyond the original tumor or to the lymph nodes, doctors recommend additional treatment, such as chemotherapy, immunotherapy, and targeted therapy. Treatment for advanced melanoma has changed in the past few years. Some people live longer with new immunotherapy drugs, which boost the immune system to fight the cancer. Targeted therapy attacks the cancer cells themselves. The drugs may be more effective than chemotherapy.—*Sonya Collins*

HEALTH HIGHLIGHTS

STROKE

LIVE HEALTHY WITH THESE RECOVERY TIPS

By **Matt McMillen**

1 *Prevent falls*

Look into exercises like yoga or tai chi to improve your balance.

2 *Improve memory*

When you learn something new—like someone's name—repeat it to yourself several times to keep it in your memory.

3 *Keep active*

Spend time with friends and focus on positive, pleasurable activities to help prevent depression.

4 *Follow orders*

Reduce the risk of another stroke by sticking to your treatment plan and taking your medications as directed.

5 *Wait to drive*

Don't get behind the wheel without a doctor's OK.



6 *Have sex*

Begin slowly, talk openly with your partner, and be prepared to try new positions.

7 *Eat right*

Sit down to breakfast, limit salt, choose fiber-rich foods, and use small plates to control portion size.

8 *Know your limits*

Fatigue's a fact of life after stroke, so pencil rest time into your schedule.

9 *Sleep well*

If you have trouble sleeping, discuss solutions with your doctor. Plenty of options are available.

10 *Watch your blood pressure*

Get a monitor, use it every day, and share your results with your doctor.

EXPERT TIPS



Hormozd Bozorgchami, MD
neurologist, OHSU Stroke Center; Oregon Health & Science University, Portland, Oregon

"You need to eat right. People who follow a Mediterranean diet have lower stroke and heart attack rates. Eat meals full of vegetables, fruits (not fruit juice), whole grains, nuts, and olive oil. Avoiding fatty meats and sweets will keep you from gaining weight and will keep you healthy, so pass on the fried chicken and eat baked salmon with steamed vegetables."



David Liebeskind, MD
neurologist and associate director, UCLA Stroke Program, Los Angeles

"Go immediately to the emergency room if you have stroke symptoms, like sudden confusion, numbness or weakness, severe headache, trouble seeing or walking. If you are not sure it's a stroke, play it safe and get to the hospital. You don't want to be on the losing side of that bet. The consequences are devastating."



Victor C. Urrutia, MD
associate professor of neurology and director, The Johns Hopkins Hospital Comprehensive Stroke Center, Baltimore

"Before you leave the hospital, review your medications and plan of care—which includes rehabilitation and future appointments—with your physician, and be sure you understand what you need to do. Studies show that instructions often may not be clear, and this can impact your ability to take medicines as prescribed."

Reviewed by **Arefa Cassoobhoy, MD, MPH**, WebMD Medical Editor

HEALTH CHECK

WHAT'S YOUR HEP C IQ?

● Hepatitis C can be silent—in the early stages of the disease, you may not even know you have it. Only 20% to 30% of newly infected people have symptoms, which could be mild enough to ignore, such as fever, fatigue, and loss of appetite. Since hepatitis C can become chronic and lead to liver disease, cirrhosis, and even death, people at risk should be tested. How do you know if your chances of being infected with hepatitis C are higher, and when should you be tested? Take the quiz to find out.



QUIZ

1. Am I at higher risk if I'm a current or former injection drug user?
☐ Yes ☐ No
2. Should I be tested if I'm a health care worker who has been exposed to hepatitis C through a needle-stick?
☐ Yes ☐ No
3. If someone I live with has hepatitis C, does that put me at higher risk of infection?
☐ Yes ☐ No
4. What if I have HIV infection? Does that mean I should be tested for hepatitis C?
☐ Yes ☐ No

Answers: 1. Yes. Hepatitis C is transmitted through exposure to infected blood, which is why injection drug use—past or present—puts you at highest risk. About 30% of injection drug users ages 18 to 30 test positive for hepatitis C, and more than 70% of older or former injection drug users also test positive. Hepatitis C can be cured, so if you use injection drugs, get tested and treated. **2. Yes,** you are slightly at risk if you are a health care worker who has been exposed to blood infected with hepatitis C through a needlestick. Even though the risk of infection is low—only about 2%—getting tested will give you peace of mind. **3. No,** simply living with a person who has hepatitis C doesn't put you at higher risk of infection. Hepatitis C is not spread through normal daily contact like sneezing or coughing, hugging, or holding hands. But use a latex condom if you have sex with someone who has hepatitis C (especially if you have multiple sex partners), and avoid sharing toothbrushes or razors—all pose a risk of infection. **4. Yes,** you should be tested—about one-third of people with HIV also have hepatitis C. If you have both, that means the hepatitis C disease will progress faster; the risk of liver disease, liver failure, and liver-related death triples; and there's an increased risk of infecting others with hepatitis C through sexual transmission. Controlling HIV and treating hepatitis C can be complicated, so look for a doctor who is an expert in both.

SOURCES:

American Liver Foundation, CDC, and the WebMD Hepatitis Health Center

MY STORY

TAKING CARE

ONE READER SHARES HOW SHE STAYS BALANCED IN HER MOST IMPORTANT JOB OF ALL

By Kathy Tullio
WebMD.com community member

● Sixteen years ago my mom had a stroke and was paralyzed on her left side. I was 32 then. My dad was healthy and able to take care of most things, but then he developed cancer and he, too, needed help.

So I took a family medical leave from my job to care for them. When I ran out of family leave, I was running back and forth between their house and mine, and thought, “I just can’t do this anymore.” It was a tough call, but I quit my job as a software manager so I could be their caregiver full-time, sold my place, and moved in with them.

About a year later, my dad passed away. While he was alive he was pretty stubborn. He didn’t want other people helping out. He didn’t let me know anything about the finances. He said, “I’ve got this.” It turned out he hadn’t. He didn’t have life insurance or much savings.

I was now my mom’s sole caregiver and had to go back to work. My mom also has diabetes and congestive heart failure. Every morning, I get my mom breakfast, check her blood sugar, get her meds, and try



to stay until the caregiver arrives. The caregiver stays until noon, and my mom is alone after that.

When I get home, I get my mom dinner, get her bedroom ready, and take inventory. Do we have enough medicine? Diapers? Bed pads? I make sure everything is ready for the caregiver the next morning. After that, I’m finally able to eat dinner myself and do anything I need to. Then I get up and do it all over again the next day.

One of the bright spots for me is the weekends

when my four teenage nieces come over. I don’t have caregiver help then, but they’ll come over and help out, and we have a lot of fun. We’ll do house projects or go shopping.

I also continue to keep up my work with several nonprofits, including animal rescue organizations, which is my passion. That’s an outlet I do for myself that has nothing to do with my mom. I also have a good group of friends that I’m able to share the good, bad, and ugly with. Being able to vent has been a huge help.

KATHY’S KEYS

“Don’t be afraid to get help. Check out elder care organizations, such as Meals on Wheels. A lot of assistance is out there.”

“Don’t lose sight of your personal interests, whether that’s exercise or, for me, working with nonprofits. I can’t give as much as I’d like to, but I still have that connection.”

“Technology has helped me a lot. I have a medical alert for my mom, cameras in the home, and a wireless thermostat. These help me keep an eye on her.”

I’ve made drastic changes in my life to make sure I don’t end up with diabetes. I watch what I eat. I avoid sugar. I don’t have a structured exercise program, but I keep active.

It’s hard. I’ve sacrificed across the board—financially, socially, careerwise. But I’m glad I’ve done what I’ve done. I don’t have any guilt or wish I’d done something differently, as some of my friends do with their parents. I’ve done everything I can for them. And I’m completely at peace with that.



What's Rheumatoid Arthritis?
Watch the video at WebMD.com.
[LEARN HOW ON PAGE 6](#)

Reviewed by **Brunilda Nazario, MD**, WebMD Lead Medical Editor

LIVING WELL

RHEUMATOID ARTHRITIS

TIPS TO MANAGE RA AND GET RELIEF

By Christina Boufis

● One night Stephanie Hass, then 34, collapsed on her couch, completely exhausted. When she woke up, she could hardly move. “All my major joints were swollen—my knees, shoulders, ankles, wrists, hands. It was so painful I couldn’t walk. It felt like there were knives in my feet,” she recalls.

Hass was diagnosed with rheumatoid arthritis (RA), an autoimmune disease in which the body turns on itself, most often attacking the small joints in the hands and feet.

“Rheumatoid arthritis can affect not only the joints but also the entire body, including the lungs, skin, and eyes,” explains Veena K. Ranganath, MD, MS, assistant clinical professor in rheumatology at UCLA’s David Geffen School of Medicine.

While there’s no cure for RA—which affects mostly women—our expert offers advice to help you manage.

Talk to an expert.

Because RA symptoms can be mistaken for other conditions, see an expert to get the right diagnosis and treatment. Talk to your rheumatologist to make sure you’re on the right medication for you, she adds, even if you’ve been treated for a while. Another medication



or a newer drug may be best for you.

Keep moving. Once RA is under control and you’re not in pain, keep active, Ranganath says. Exercise and a healthy diet can also help you lose weight, which can take some of the pressure off your joints, she adds. Talk to your doctor about exercises you can do, and build up slowly.

Get support. Living with a chronic condition can take a toll on your emotional health. In fact, about 1 in 3 people with RA report having depression, Ranganath says. Talk to your doctor, and see a therapist if you need to, she says. Or try the Arthritis Foundation to find a support group.

Try yoga. Studies show that doing yoga can

help with fatigue, a major symptom of RA. Yoga may also relieve inflammation, according to research.

Ask about supplements. While there’s no data to show that a particular diet works to reduce RA symptoms, some evidence indicates that the spice turmeric can help with symptoms, Ranganath says. One small 2012 study showed that curcumin (the main ingredient in turmeric) helped relieve joint pain and swelling in people with RA. As always, talk to your

doctor before taking any supplements.

Hass, now 43, worked with her doctor and tried different medications to help get RA under control. She’s also found alternative treatments to be healing. “I do a lot of natural remedies, like making hot drinks with turmeric and coconut milk,” she says. “Meditation also helps me a lot.” As for exercise, “It’s difficult when you’re flaring. But on the days when it’s better, walking, hot yoga, and qigong are the things I can do.”



ASK YOUR DOCTOR

1. How can I get better control of my RA?
2. What are my treatment options? Should I try a different drug?
3. How do you measure how active the disease is?
4. What exercises can I do?
5. Which alternative treatments might be helpful?

BY THE NUMBERS

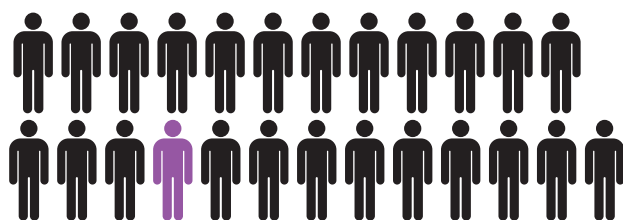
MENTAL HEALTH

FACTS AND STATS ABOUT TOP HEALTH ISSUES

By Heather Hatfield

450 million

People **worldwide** who live with mental disorders



1 in 25

U.S. adults who live with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression

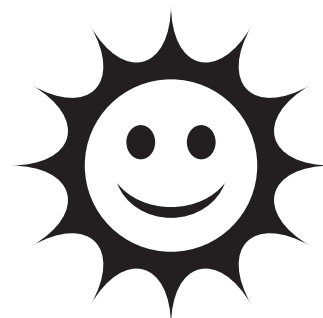


61.5 MILLION

U.S. adults who **have a mental illness** in a given year

17%

U.S. adults considered to be in a state of **optimal mental health**



2.6%

U.S. adults who live with **bipolar disorder**

1.1%

U.S. adults who live with **schizophrenia**



18%

People in the U.S. affected by an **anxiety disorder**



\$193.2 BILLION

Cost of serious mental illness in lost earnings each year in the U.S.



44%

U.S. adults with diagnosable mental health problems who receive treatment for their condition

6.9%

U.S. adults who had at least one major depressive episode in the past year

26%

Americans affected by depression, the most common mental health disorder in the U.S.



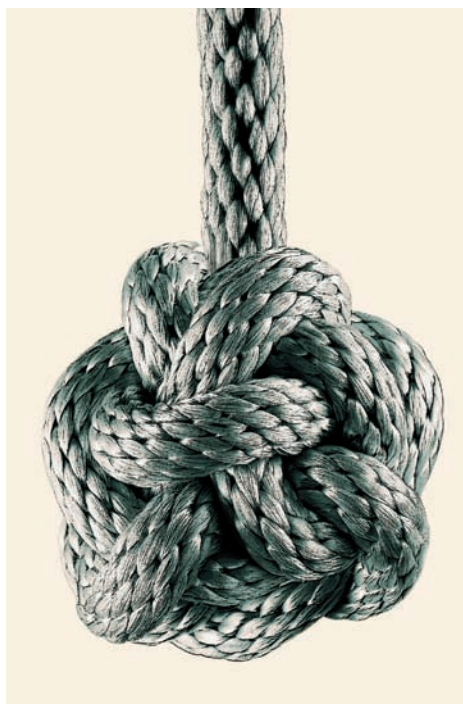
less than 20%

U.S. children with diagnosable mental health problems who receive treatment for their condition

Sources: CDC, Healthy People, MentalHealth.gov, Mental Health America, National Alliance on Mental Illness, World Health Organization

TEST YOUR SMARTS

WHAT'S YOUR DIGESTIVE DISORDERS IQ?



“IBD, colitis, Crohn’s—what’s the difference?” **konradstt** asks WebMD’s Crohn’s and colitis community. Digestive disorders have similar sounding names, and some have virtually identical symptoms. About 60 million to 70 million Americans deal with embarrassing and uncomfortable abdominal issues such as cramps, diarrhea, and constipation on a regular basis. But distinguishing one cause of symptoms from another can be confusing, and that delays diagnosis—and slows relief. Take this quiz to help figure out which condition you may have.

- 1. This condition causes inflammation in the intestines.**
 - ☐ Irritable bowel syndrome (IBS)
 - ☐ Inflammatory bowel disease (IBD)
- 2. This condition can affect the whole gastrointestinal (GI) tract.**
 - ☐ Crohn’s disease
 - ☐ Ulcerative colitis
- 3. This condition causes frequent or severe heartburn.**
 - ☐ Acid reflux
 - ☐ Gastroesophageal reflux disease (GERD)
- 4. In this condition, small pouches in the intestines become inflamed or infected.**
 - ☐ Diverticulosis
 - ☐ Diverticulitis

ANSWERS

1. Only one letter separates IBS from IBD, yet the two conditions are very different. Irritable bowel syndrome is a condition with symptoms of diarrhea, nausea, abdominal cramps, and constipation, but the cause of these symptoms is unclear. Treatment focuses on diet changes and medications to control the symptoms that disturb bowel function. Inflammatory bowel disease produces similar symptoms, but stems from inflammation that damages the intestines. In addition to stomach upset, you could also have bodywide signs such as fever, swelling, and fatigue. People with IBD take medicine to bring down inflammation and give their intestines a chance to heal. **2.** Both Crohn’s and ulcerative colitis—two types of inflammatory bowel disease—trigger symptoms such as abdominal pain, gas, bloating, and diarrhea. The difference is in the location. Crohn’s can affect the whole GI tract from mouth to anus, and it can extend through

ASK YOUR DOCTOR

- 1. Which GI condition do I have?**
- 2. What tests are needed to reach a diagnosis?**
- 3. Which treatments can help my symptoms?**
- 4. Is my condition long term or is it curable?**

the entire intestinal wall. Ulcerative colitis inflames the lower part of the digestive tract, the large intestine (colon), and it affects only the innermost lining of the colon. **3.** The terms acid reflux and GERD are often used interchangeably. You get acid reflux when the valve that’s supposed to keep acid inside your stomach slips open. Acid leaks out and up the esophagus, producing the burning feeling in your chest you know as heartburn.

To combat acid backup, lose weight if you’re overweight, eat smaller meals, and raise the head of your bed at night. Avoid food triggers like tomatoes, citrus fruits, and peppermint, and take an antacid when you need it. Protein pump inhibitors and H2 blockers are drugs that reduce acid production to ease GERD symptoms. **4.** Diverticulosis is a condition that causes small pouches (diverticula) to form in the lining of your large intestine. Chances are if you have diverticulosis, you won’t know it, because it usually doesn’t cause symptoms unless the pouches get infected and inflamed. Then it’s known as diverticulitis, and you’re likely to have severe pain, along with fever, nausea, diarrhea, or constipation. When you have diverticulosis, the goal is to prevent infection. Add extra fiber to your meals. Your doctor will treat diverticulitis with antibiotics and a clear liquid diet. For severe cases you may need to stay in the hospital or have surgery to remove the damaged parts of the colon.

SOURCES: American Academy of Family Physicians, U.S. National Library of Medicine, Crohn’s & Colitis Foundation of America, WebMD Digestive Disorders Health Center

Mahershala Ali

Actor

1 You've been in a half dozen projects in the past year, including *House of Cards*, *The Hunger Games: Mockingjay, Part 2*, and the upcoming *Free State of Jones*. Is it hard to play so many roles over such a short time? I've never done it before, and I was really nervous about working on that many projects at one time. Because of all that was going on at once, I found I really had to take it one day at a time, as trite as that might sound. I had to be so focused and committed to what I was doing in the moment to make very clear choices very quickly.

2 You'll be playing bad guy Cornell Cottonmouth in the upcoming Netflix series *Luke Cage*. What's it like playing a villain? I don't approach it any differently from how I would play a hero. My job is to be truthful and to humanize a character so people understand why they do what they do. But at the end of the day, I feel a little bit darker because I've played the villain, and that takes a second to shake off.

3 Are you able to carve out time for yourself? That's always the most



challenging thing, especially in recent months, and I can't say that I have it figured out. One week, I was working on three different characters. One thing I do is ride my bike whenever I can. That just frees my mind and grounds me.

4 Where do you like to escape to on your bike? I always preferred riding on city streets, but because of

how hectic things have been, I have really found peace riding around in Brooklyn's Prospect Park for about an hour, going around in circles and listening to music.

5 What do you do when it rains? If I can't go out on my bike, I go to the gym and mostly focus on cardio. I have to be careful with weights, though. I get muscular very easily, and often

that won't work for the characters that I play. When I play Remy in *House of Cards*, I can't be this guy busting out of his suit. It's a little easier for the audience to believe in you if you don't look like He-Man.

6 What types of food do you eat to stay healthy? I don't eat a lot of red meat, but I do eat a lot of fish and chicken once or twice a week. I

don't do too much dairy. Sometimes, I'll go vegetarian for a month.

7 Any guilty-pleasure foods? I'm a cereal guy. I love granola. That's my cookie, my cake, my sweet treat.

8 What's your best health habit? My best health habit is probably prayer and meditation, which I do every single day. It calms me and gives me the confidence that I need to do my work while putting my mind at ease. And it's portable. I take it everywhere.

9 Your worst? My worst is probably drinking too much coffee or not being conscious enough of my sugar intake. And I have to get better with sleep.

10 Now that you're in your 40s, do you think about your health more? As you get older, you begin to process your mortality. And obviously there are repercussions for the choices that you make. My wife and I don't have children yet, but we would love to. And children make you think of being around, being healthy, being present.

—Matt McMillen