ALICIA’s QUEST

WHAT DRIVES MUSIC STAR ALICIA KEYS TO FIGHT FOR KIDS WITH AIDS AND HOW YOU CAN HELP!
WebMD’s sixth annual tribute honors four Americans who are changing the health landscape for all. This year’s heroes include RA awareness champion Kelly Young; prostate cancer screening advocate Thomas E. Moody, MD; Ellen L. Beck, MD, a professor and doctor whose student-run clinic model inspires others throughout the country; and Darell Hammond, who fights for kids, one playground at a time.

PLUS: What are last year’s Health Heroes doing today?

Music star and new mom Alicia Keys talks WebMD what drives her to travel the world to help kids affected by AIDS and how you can help.

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Alicia Keys, 30, had her first baby more than a year ago, a handsome bundle of joy named Egypt. He has “the most perfect eyes and beautiful nose, the sweetest lips and skin so soft and kissable! Never have I felt such disbelief, such awe, humility, godliness, such strength, power, and possibility,” the singer gushes about her son on her blog. Keys and her husband, music producer, rapper, and entrepreneur Swizz Beatz, 33, chose the unusual moniker as a nod to the enduring power of the ancient pyramids built more than two millennia ago in Africa. Long before Keys fully understood the similarly enduring power of a parent’s love, she found the massive scale of suffering among the world’s children too dire to ignore. After touring impoverished South Africa for the first time eight years ago, she saw up close how that suffering compounds when HIV is involved.

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World Health
Alicia’s Quest
Fourteen-time Grammy Award-winning musician Alicia Keys has children on her mind. She and her music-producer husband, Swizz Beatz, are new parents to a baby boy, Egypt. She’s also caring for kids with HIV/AIDS across the world by providing medicine and access to medical care. Keys talks to WebMD contributing writer Lauren Paige Kennedy about her inspiration for founding Keep a Child Alive. PLUS: Keys challenges the WebMD community to fight AIDS by contributing just $1.

Holiday Recipes
Home Cooking
A Jersey boy who grew up on his grandmother’s cooking, Top Chef All-Stars runner-up Mike Isabella whips up a holiday menu inspired by his Italian-American heritage. The star of the feast is his pepperoni sauce, drizzled over spice-rubbed roasted chicken breasts. This dish is sure to be a hit at your holiday table says WebMD deputy editor Kim Caviness.

Health Heroes
Champions of Care
WebMD’s sixth annual tribute honors four Americans who are changing the health landscape for all. This year’s heroes include RA awareness champion Kelly Young; prostate cancer screening advocate Thomas E. Moody, MD; Ellen L. Beck, MD, a professor and doctor whose student-run clinic model inspires others throughout the country; and Darell Hammond, who fights for kids, one playground at a time. PLUS: What are last year’s Health Heroes doing today?
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62 Don’t brush it off — use Colgate Total®
People with diabetes have a 2x greater risk of developing gum disease. Colgate Total® toothpaste reduces 90% of plaque germs that cause gingivitis, the most common form of gum disease, for 12 hours.* And, it’s the only FDA-approved toothpaste.†

Learn more at OralHealthandDiabetes.com

82 WebMD Checkup
Actor Mira Sorvino on why her work for Diabetes Co-Stars is a family matter. Plus, she tells us about her best and worst health habits, what she learned about making her new film, Union Square, and how she teaches her kids about healthy eating.
As I write this, legions of pint-sized vampires, princesses, and superheroes are about to descend on neighborhoods across the country in their Halloween best. As American cultural rituals go, it’s a kid’s dream come true: dressing up, make-believe, and lots and lots of candy.

The candy isn’t so much a problem, but the “lots and lots” part is. I don’t have to remind you of the burgeoning number of kids who tip the scales at an early age. And they’re not just overweight or obese, or at risk of being so. Many are sick, with heart disease, type 2 diabetes, sleep apnea, depression, and fractures at rates unheard of just a few decades ago.

How do we turn this situation around? To find out, WebMD and our partner Sanford Health decided to ask some questions. We sent our Rising Fit Kids survey to three groups: more than 1,000 parents of kids ages 8 to 17, more than 500 health care professionals, and more than 1,000 kids.

The answers astonished us. Kids told us they find it easier to talk to their parents about money (80%), smoking (73%), alcohol (72%), drugs (71%), and politics (politic!, 56%) than about being overweight (54%). But seven in 10 feel their parents should talk to them about it.

Parents are just as hesitant. Nearly a quarter (22%) said it’s easier to talk to their children about alcohol, drugs, smoking, and even sex than the risks of too many pounds. As for the health care pros, a whopping 90% believe weight is the most important health topic parents should discuss with their kids. They also identified barriers they believe get in the way of that happening: Either parents don’t perceive their children as overweight or they’re uncomfortable because of their own weight issues.

So no one is having this conversation. That’s why we partnered with the incredible children’s health experts at Sanford Health to create fit, a resource for kids and their families to engage, learn, and, we hope, talk about health and wellness (not just the obviously touchy topics of weight and obesity). Fit’s three kid sites—fit junior, fit kids, and fit teen—are built on four “pillars” of a healthy life: food, move, mood, and recharge. We know it’s not just food and fitness we are building on four “pillars” of a healthy life: food, move, mood, and recharge. We know it’s not just food and fitness we

WebMD the Magazine | November/December 2011

Colleen PATRICK, Executive Editor, WebMD the Magazine

editor’s note
FROM THE EXECUTIVE EDITOR
Read the Patient Information that comes with VESIcare before you start taking it and each time you get a refill. There may be new information. This summary does not take the place of talking with your doctor about your medical condition or treatment.

What is VESIcare? VESIcare is a prescription medicine for adults used as treatment for symptoms of a condition called overactive bladder:
- Urge Frequency: need to urinate right away
- Leakage: leaking or wetting accidents
- Frequency: urinating often

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

What is overactive bladder?
It is not known if VESIcare is safe and effective in children.

Who should NOT take VESIcare?
Do not take VESIcare if:
• you are breastfeeding or plan to breastfeed. It is not known if VESIcare passes into your breast milk. You and your doctor should decide if you will take VESIcare OR if you will breastfeed. It is not known if VESIcare will harm your unborn baby.
• you have any stomach or intestinal problems or problems with your bladder that may stop the urine from getting into the bladder. This is called “uncontrolled narrow-angle glaucoma”
• you have liver problems
• you have a rare hereditary condition called “QT prolongation”
• you are pregnant or plan to become pregnant. It is not known if VESIcare will harm your unborn baby.

Tell your doctor or pharmacist if you:
• have any stomach or intestinal problems or problems with your bladder that may stop the urine from getting into the bladder
• have trouble emptying your bladder or you have a weak urine stream
• have trouble emptying your bladder or you have a weak urine stream
• you are pregnant or plan to become pregnant. It is not known if VESIcare will harm your unborn baby.

Tell your doctor about the medicines and supplements you take. This includes prescription and nonprescription medicines, vitamins, and herbal supplements. VESIcare may affect the way other medicines work, and other medicines may affect how VESIcare works.

How should I take VESIcare?
Take VESIcare exactly as prescribed by your doctor.

Rx Only

Manufactured by:
Astellas Pharma US, Inc.
North Chicago, Illinois 60061-2548
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Marketed by:
ConeMed, Inc.
North Carolina 27709

What should I avoid while taking VESIcare? VESIcare can cause blurred vision or dizziness. Do not drive or operate heavy machinery until you know how VESIcare affects you.

What are the possible side effects of VESIcare? VESIcare may cause serious side effects including:
• Serious allergic reaction. Stop taking VESIcare and get medical help right away if you have:
  ° hives, skin rash or swelling
  ° swelling of your face, mouth or tongue
  ° trouble breathing
  ° swelling anywhere on your body
  ° skin rash or itching that does not go away

The most common side effects of VESIcare include:
• dry mouth
• constipation
• belching
• dry skin
• stuffy nose
• dizziness
• tiredness
• weight gain
•Vision changes:
• blurred vision
• difficulty seeing
• headache
• eye redness
• watery eyes
• eye irritation
• eye pain
• trouble seeing
• trouble focusing
• eye dryness
• eye sensitivity
• eye strain

What should I tell my doctor before taking VESIcare?
Tell your doctor if you:
• have any stomach or intestinal problems or problems with your bladder that may stop the urine from getting into the bladder
• have trouble emptying your bladder or you have a weak urine stream
• have trouble emptying your bladder or you have a weak urine stream
• you have a rare hereditary condition called “QT prolongation”

How should I store VESIcare?
• Store VESIcare at 59°F to 86°F (15°C to 30°C).
• Safely throw away medicine that is out of date or that you no longer need.

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

General information about VESIcare.
VESIcare is a medicine called a beta-blocker. It works by affecting how the body responds to normal stimuli such as stress or exercise. A beta-blocker may change how your body responds to exercise, stress, or trauma.

There may be new information. This summary does not take the place of talking with your doctor about your medical condition or treatment.
COLD CASE
Get ready for the season

PILE IT ON
To beat the frigid air and stay dry while staying fit, think layers. WebMD fitness expert Pamela Peeke, MD, has a rule of three for layering up. The base layer should be a “thin, breathable fabric,” Peeke says, like silk or wool (blends are OK). “The nice thing about silks is that they’re light as air, but they do the job.” Choose a sweat-wicking garment as the mid-layer, and a wind- and water-resistant jacket as the last layer.

SMART COOKIE
Saying no to cookies can be hard any time of year, but especially during the holidays. Guess what? You don’t have to, says Kathleen Zelman, MPH, RD, LD, WebMD’s director of nutrition. You can bake healthier sweets, she says, by using a combination of all-purpose flour and whole-wheat pastry flour or by adding ground oats for protein and fiber. Or lean toward options like oatmeal cookies or egg-white meringues. “When you’re decorating cookies, a little goes a long way,” she adds. Sprinkle chocolate chips on freshly baked cookies instead of mixing them in the batter, or blend confectioner’s sugar and water for a lighter icing, she suggests.

FEET FIRST
Your feet aren’t exposed to the elements much in the winter so there’s no reason to pay them extra attention, right? Wrong. Two common winter-feet problems are dry skin and perspiration, says WebMD skin care expert Mary Ruth Buchness, MD. To combat dry skin, invest in heavier creams and use them daily. “You need thicker products for the feet,” Buchness says, such as Therapic Hand Protection ($17) or AmLactin Foot Cream Therapy ($7). For sweaty toes, try applying foot powder or antiperspirant (yes, to your feet).

COLD CASE
Get ready for the season

November is American Diabetes Month, which draws attention to a serious disease that affects more than 25 million Americans. Take a few minutes to assess your risk and learn more about the condition at www.diabetes.org. Or consider raising awareness at one of the Step Out walks, held nationwide in locations such as Jacksonville, Fla. (Nov. 12), and Houston (Nov. 19). Get more details at stepout.diabetes.org.

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GIVE BACK
Give back this month

1. Product provided as a free sample shall not be resold or submitted to any third-party payer for reimbursement. Abbott Diabetes Care may modify or discontinue this offer at any time without notice. Visit FreeStyleStrip.com or call 1-855-308-1874 to see if you qualify for our FREE FreeStyle Lite test strips and a meter. For In Vitro Diagnostic Use.

<image>
Free to Be

Free preventive care services for people on Medicare are available under the Affordable Care Act (also known as “health care reform”) passed earlier this year, but only one in six who are eligible take advantage of them. To boost participation, the Department of Health and Human Services launched a “Share the News, Share the Health” campaign announcing free screenings and services. These include:

• A one-time “welcome to Medicare” preventive visit
  • A yearly wellness visit
  • Heart disease screening
  • Breast cancer screening (mammograms)
  • Cervical and vaginal cancer screening
  • Prostate cancer screening
  • Flu, pneumococcal, and hepatitis B vaccines
  • Osteoporosis screening
  • Smoking cessation counseling
  • HIV screening
  • Diabetes screening
  • Medical nutrition counseling for people with diabetes or kidney disease

To start, call your doctor and ask for the service that’s right for you, or begin with the free yearly wellness visit.

57 The percentage of newborn boys who were circumcised in 2008. That’s down from 62.5% in 1998.

Source: Morbidity and Mortality Weekly Report

THE KIDS ARE ALL RIGHT

Working moms, feel guilty about not staying at home with your kids? Ease up on yourself. New research shows that children of working mothers—especially the daughters of working mothers—are more well-adjusted than those of stay-at-home moms.

The British study found that by age 5, children who lived with two working parents had the fewest social, emotional, and behavioral problems. Five-year-old girls whose moms stayed home, on the other hand, were twice as likely to have behavioral problems as those whose moms worked.

In 2010, about 64% of American mothers with kids under age 6 worked outside of the home, according to the Bureau of Labor Statistics.

Meet The Williams

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

Meet The Williams

They’re wondering how healthcare reform will affect their new baby

Meet The Williams

They’re wondering how healthcare reform will impact their kids’ coverage when they graduate college

All of these families share the same name, but their lives and their questions regarding healthcare reform are very different. That’s because healthcare reform affects everyone differently. Introducing AskBlue Healthcare Reform. Your personal guide to understanding the basics of reform. To find answers to your healthcare reform questions visit bcbs.com/askblue.
Worried about Alzheimer’s disease in your later years? You might want to think about your lifestyle now. New research from the University of California, San Francisco suggests that lifestyle changes could prevent more than half of all Alzheimer’s cases.

The researchers say the biggest modifiable risk factors for Alzheimer’s disease in the United States are depression, smoking, midlife high blood pressure, midlife obesity, lack of activity, low education, and diabetes. Even a 25% reduction in all seven risk factors could prevent nearly half a million cases in this country and some 3 million cases worldwide.

The study didn’t find these factors caused Alzheimer’s, by the way, just that they were associated with the disease. The number of Alzheimer’s cases around the world is expected to triple to 106 million by 2050. Since no effective treatment to reverse the course of the disease yet exists, prevention is key.

Lack of exercise is the biggest problem among Americans, contributing to 21% of preventable cases of Alzheimer’s disease. Depression is the second-biggest contributor at 13%, followed by smoking at 11%.

Source: Alzheimer’s Association International Conference/The Lancet Neurology

**Top of Mind**

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*DISCOVER WHY PEOPLE WITH SENSITIVE SKIN ARE SWITCHING TO ARM & HAMMER.*

Our Free detergents are specially formulated to be good to your sensitive skin. Plus, you get the freshness and cleaning power of Baking Soda in your choice of scented or unscented. All for up to 50% less.*

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*INTRODUCING THE SKIN-FRIENDLY DETERGENT WITH A FRESH SCENT.*

No wonder it’s preferred 2 to 1 vs. the leading Free detergent.*

New ARM & HAMMER® Sensitive Skin Plus Scent is our first scented detergent clinically tested for sensitive skin. It’s the secret to clean, great-smelling laundry.

*in a nationwide survey; among those with a preference.
AB ZZZ’s

If you have internal belly fat, aerobic exercise is the best way to get rid of it, a new study shows. This type of fat (also called visceral fat) is associated with heart disease, diabetes, and other health problems. (The external belly fat known as “muffin tops” or “love handles” is subcutaneous fat, located directly beneath the skin. It can be unsightly, but it’s less dangerous to your health.)

Duke University researchers put men and women ages 18 to 70 into three groups. One group exercised on a treadmill. One group did weight training. The third group did both.

After eight months, the aerobic training group, which put in the equivalent of 12 miles of jogging at 80% of their maximum heart rate each week, had the most visceral fat reduction. The combination group reduced more of its total belly fat (both visceral and subcutaneous) compared with the aerobic group, but lost less visceral fat. The people who did just resistance training (three sets of eight to 12 repetitions on weight-training machines three times a week) had reduced their total belly fat, but their visceral fat had increased.

The researchers say the aerobic group lost more visceral belly fat simply because aerobic exercise burns more calories than strength training.

Source: American Journal of Physiology, Endocrinology and Metabolism

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Eating for Two

Some people think husbands and wives begin to look like each other over time. That may or may not be true, but a study now suggests they do begin to eat alike as the years pass.

Previous research tracked the spread of obesity in social networks. The authors of the new study wanted to see how much food and drink choices rubbed off on friends and family. They analyzed the eating surveys of 3,418 people between 1991 and 2001, then put each person in one of seven categories:

- People who fit the meat and soda pattern ate more animal proteins and sweetened colas and other caffeinated drinks.
- The sweets eaters ate not only more sugary products but also high-fat dairy products and refined grains.
- The alcohol and snacks group consumed disproportionate amounts of those foods and drinks.
- Light eaters did just that, whether the food in question was vegetables or desserts.
- Caffeine-avoidant folks drank plenty of decaf sodas and coffee.
- Offsetters eaters ate lots of snacks and low-fat sweets as well as whole grains, nonfat milk, and healthier high-fat foods, such as nuts and peanut butter.
- Healthier eaters ate the highest levels of fruits and veggies, low-fat poultry, fish, and beans.

After accounting for factors that could influence the spread of eating patterns, such as how far apart friends or siblings lived, the researchers found that spouses were most likely to eat alike. However, eating patterns seemed to spread across all relationships, such as close friends and siblings.

The No. 1 drink and food choice shared by all? Alcohol and snacks. Yes, we love our beer and peanuts in the company of others.

Source: American Journal of Public Health
Kid Stuff

Is it OK for a teen to still sleep with his stuffed animal?

Part of what makes the teen years confusing for kids and parents is how adolescents can still feel like younger children, despite their maturing bodies. Case in point: this father’s question, posed to WebMD’s parenting community. Here’s what the other members said.

**Q.** While on vacation, I discovered my 15-year-old son still sleeps with his very ragged stuffed animal. We thought he had thrown it away, but it seems he just put it in a pillow case with his pillow so it wouldn't be discovered. Is this normal? And what should we do?

**Posted by ➤ 4xdad**

It may not be “normal,” but is there really anything wrong with it? If he only sleeps with it, then I don’t know if I would say anything or not. It would just embarrass him and make whatever insecurities he has even worse. If a little rag of a blanket makes him feel better, I wouldn’t worry too much about it. If he drags it down the aisle with him when he gets married, well... maybe then you have a problem.

**Posted by ➤ Emmyl**

Is it normal? What’s normal? I slept with my teddy bear right through college. I gave it up when I got married though.

**Posted by ➤ dgerner11**

I am almost 40 and still sleep with my “blankie.” I use it as a pillow and even took it to the hospital with me when I gave birth to my son. I tried to pass it off as a rag of a blanket makes him feel better, I wouldn’t worry too much about it. If he drags it down the aisle with him when he gets married, well...maybe then you have a problem.

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**Posted by ➤ FCL**

This is the kind of thing that you really shouldn’t force. If it helps him sleep, why worry? I have a friend who had a blankie well into her teens and probably beyond. She’s a successful businesswoman and mother of three. It wouldn’t worry me in the slightest to find out she still had her blankie. Pick your battles, this one isn’t worth fighting over.

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**Q.** I work in a hospital. While on vacation, I discovered my 15-year-old son still sleeps with his very ragged stuffed animal. We thought he had thrown it away, but it seems he just put it in a pillow case with his pillow so it wouldn't be discovered. Is this normal? And what should we do?

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**Plantar Warts**

**Symptom Checker**

**New**

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*American Journal of Preventive Medicine, August 2008*

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**TOP SEARCHES**

Here’s what’s hot on WebMD.com right now!

1. Cold & flu: What’s the difference?
2. 5 healthy foods you’re not eating
3. Top pregnancy myths
4. Digestive problems
5. Vitamin C
6. Boost your brain power
7. Solutions for adult acne
8. Exercise tips for winter
9. How much protein do I need?
10. Help for ED

---

**Plantar Warts**

- Small growths on the sole of the foot
- Large, flat callous-like coverings over the growths
- Pain when walking or standing

Plantar warts are noncancerous lesions caused by one kind of human papillomavirus (HPV). (There are nearly 200 types of HPV.) The warts are small benign growths on the soles of the feet, especially on pressure points (like the heels and balls of the feet). The type of HPV that causes plantar warts is contagious, and thrives in warm moist environments, such as showers, swimming pools, and public locker rooms. Worse, the virus enters via cuts and cracks in the skin, which means that it can easily spread on your own feet. You can treat plantar warts with over-the-counter wart medicines (unless you have diabetes or nerve damage in your feet) or prescription medications. But if they persist or get large and painful, you may need a doctor to freeze, burn, use a laser, or surgically remove them.

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**Get Started**
Skin Deep

Thinking about cosmetic surgery but not sure it’s right for you? Visit WebMD’s new Healthy Beauty Center to check out our Non-Surgical Cosmetic Procedures for the Face slideshow and get the lowdown on chemical peels, fillers, and more.

CEASE FIRE

If you’re thinking about kicking the cigarette habit, why not join the Great American Smokeout on Nov. 17? Make that the day that you pack it in and sign up for WebMD’s Smoking Cessation newsletter, which offers tips for quitting and staying smoke-free.

Three’s a Crowd

Two is a notoriously terrible age, but 3 can be just as challenging. Get tips from other parents on toilet training and other tricky topics in the popular WebMD Parenting: Three-Year-Olds Community.

Amelie wants to go to school. But in Haiti, 500,000 kids can’t.

Help Amelie. Donate Now at yourdollarourfuture.org

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CEASE FIRE

If you’re thinking about kicking the cigarette habit, why not join the Great American Smokeout on Nov. 17? Make that the day that you pack it in and sign up for WebMD’s Smoking Cessation newsletter, which offers tips for quitting and staying smoke-free.

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Girl Talk Get all the facts about the HPV vaccine

Q I’m just not sure about giving my daughter the HPV vaccine. Is it safe?

A Yes, the two human papillomavirus (HPV) vaccines are considered safe, at least as far as current research shows. Both have been widely studied and accepted by major medical groups.

Still, some parents are concerned. The vaccines are relatively new and long-term studies are lacking. Parents also worry because the vaccine is given to young teen girls (typically at ages 11 or 12, though it can also be given between ages 13 and 26) to protect them from some strains of HPV that are passed along during sexual contact. (A CDC advisory committee just recommended the vaccine for boys as well.) Few parents want to think about their teens having sex. Some feel that vaccinating them would encourage them to do so.

Here’s what you should know: HPV is a common STD. Exposure to the virus does not require sexual intercourse; other sexual activities (such as oral sex) can put a teen at risk. Most infections clear up on their own. But sometimes they persist and untreated may lead to genital warts, precancerous cervical lesions, and cervical cancer. An HPV infection can also cause vaginal lesions.

Talk to your daughter about the vaccine. But also be sure she understands that even with the vaccine, she still needs to practice safe sex to protect herself against other STDs and unwanted pregnancies when she does become sexually active.

Renee Nazario, MD
WebMD LEAD MEDICAL EDITOR

Q At my last checkup, my doctor told me I have prediabetes. Does that mean I’ll ultimately develop diabetes?

A Almost everyone who develops type 2 diabetes develops prediabetes first. But not everyone who has prediabetes—defined as having levels of glucose (a type of sugar in the blood) that are higher than normal but not yet diabetic—ends up with diabetes. In fact, changing your lifestyle can significantly delay or even prevent type 2 diabetes. Those changes can include losing a moderate amount of weight (5% to 10% of your body weight—about 8 to 16 pounds for a 160-pound woman), getting regular exercise (about 30 minutes daily), and eating healthy meals. There are lots of good eating plans for delaying or preventing diabetes—most emphasize a variety of vegetables, fruits, fish, lean chicken, beans, low-fat dairy, egg whites, soy, and whole grains. Quitting smoking, drinking alcohol only moderately (if you drink already), and reducing stress all help keep your blood glucose levels under control.

You should also know that prediabetes puts you at risk for other conditions, such as heart disease and stroke. In fact, prediabetes is now considered one of America’s most serious health problems (one in four adults has it). Knowing how to keep it in check can prevent diabetes from developing in the future.

Brunilda Nazario, MD
WebMD LEAD MEDICAL EDITOR
Michael Dansinger, MD
WebMD DIABETES EXPERT

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Quick and easy tips to manage your health.

Each series features:
• Tips and hints from experts.
• Printable step-by-step guides.
• Videos that can be accessible on the go.

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Life Force

Omar Epps fights to stop rising suicide rates in military families

Omar Epps, co-star of Fox’s hit medical drama House, also co-stars in a TV, radio, and online campaign to help stop suicide among members of the military.

“The high rate of suicide in the military—we wanted to shine some light on that,” says Epps, referring to the star-studded cast of the public service announcements. “If there’s any drop as a result, that’s a good thing.”

Epps joins a host of other celebrities—including Michael Chiklis, Melissa Leo, Terrell Owens, and Alfre Woodard—who encourage soldiers, veterans, and their families to seek help if they need it and direct them to a suicide prevention hotline.

An estimated 6,000 veterans take their own lives each year. Male veterans are about one and a half times more likely to commit suicide than non-veterans, according to the Department of Veterans Affairs. The rate for women who have served in the military is nearly three times that of other women. And the suicide rate has been climbing. Between 2001 and 2008, the number increased by about 50% throughout the Department of Defense.

“It’s pretty startling,” Epps says. “There’s a high rate among all those sons, brothers, husbands, and wives. And a lot of suicides happen after they get home. They’re blessed enough to survive combat, but they have so much to deal with when they return.”

The PSAs, which first aired in June, are being widely rebroadcast this month (November 19 is International Survivors of Suicide Day) in tandem with the release of a film, Happy New Year, about an Iraq and Afghanistan veteran struggling to heal his physical and emotional scars. The film opens on Nov. 11 in select cities and is endorsed by Blue Star Families (BSF; bluestarfam.org), a non-profit founded in 2008 by military spouses that advocates for families from all ranks and services. Suicide prevention is one of its top priorities, and in August, the White House honored the group’s efforts.

BSF partnered with the Creative Coalition, an organization that educates its members, drawn from the arts and entertainment industries, about pressing social concerns. Epps serves on its advisory board. He doesn’t have any family members in the military, but he has a message for those who serve: “There are organizations out there where you can seek help and counseling. As soldiers, you are fighting for our freedom. As fellow Americans, we are here to help you.”—Matt McMillen
Take Care

By Dave Balch
WebMD.com community member

IN APRIL 2002, when the doctor told us my wife, Chris, had breast cancer, the first two words out of my mouth were “Oh,” and a four-letter word. I felt shock and disbelief—that this kind of thing happens to other people, not to us. I had no idea how I would handle this—do all the caregiving, plus make a living. Right away, my attitude was, “It’s her job to get better, and it’s my job to do everything else.” But it still seemed impossible.

As it turned out, Chris had stage I breast cancer and had to have a mastectomy, chemotherapy, and radiation. She definitely wanted me to be involved, and I wanted to be there for her as much as possible. But we live up in the mountains and are pretty isolated. There are no support groups.

At the time I was a software developer—I now like to say I’m a recovering software developer—so I did what came naturally. I started doing research on the Internet. I found an oncologist whom we loved and what I considered the best cancer center in the West at UCLA. And because I’m a naturally protective person, I threw myself into caring for Chris through what turned out to be four bouts of breast cancer, which included six surgeries, two rounds of chemotherapy, and three rounds of radiation. I changed dressings, dealt with her surgical drains, bathed her, fed her, gave her medicine, and drove her to and from UCLA, which was 100 miles each way. I did all this because I believed the short-term sacrifice was worth the long-term result: her survival.

After about five years I did develop burnout—what some people call “compassion fatigue.” I really needed to get out of the house, away from talking and thinking so much about cancer. All of that, combined with financial problems, was just too much.

Eventually I joined an online support group, which was very helpful. And I decided to write a book to help other caregivers deal with what can be an exhausting, stressful, isolating job. I’ve become a professional speaker and have developed several online tools, including thepatientpartnerproject.org, copinguniversity.com, and a free monthly newsletter, “Caring and Coping,” to support patients and their caregivers, family, and friends.

I’ve learned so much in the course of this journey—about the importance of humor (no, cancer isn’t funny, but some of the things that happen because of cancer make you laugh out loud), of talking and listening, and of dealing with the weird things people say in these situations.

Chris is doing well now. Her breast cancer has returned three times (once in her bones and twice as brain tumors), but she is healthy otherwise. We have found this journey has brought us closer together, which is saying a lot because we have been together pretty much 24/7 for the last 25 years!

Dave Balch wrote a book, Center for Two, based on his role as a caretaker for his wife, Chris, throughout several bouts of cancer.

Read more stories and share your own in our communities. WebMD.com

ELECTRIC TOOTHBRUSH

Rules of Attraction
Englishman George A. Scott marketed an “electric” toothbrush in the 1880s with iron rods in the handle. He claimed (falsely) that the magnetism in the brush handle had health benefits.

Plug and Play
Today’s electric toothbrush is based on Philippe-Guy E. Woog’s 1956 invention. It looked like a regular toothbrush with bristles moving back and forth, and it plugged into an electrical outlet.

Cut the Cord
General Electric introduced a cordless, rechargeable version of the electric toothbrush in 1961.

In Motion
The first electric toothbrushes simulated the back-and-forth motion people use to brush their teeth manually. Interplak was the first company to market the circular motion electric toothbrush in 1987.

Sonic Boon
Sonicare introduced the sonic toothbrush and its patented technology in the late 1980s. The first kids’ sonic toothbrush launched in 2009.

Swirl Talk
Unlike an electric toothbrush, sonic toothbrushes cause saliva and toothpaste foam to swirl around in the mouth, cleansing between teeth and under the gum line.

Speed Limit
The bristles on a sonic toothbrush oscillate at about 30,000 rpm; a regular electric toothbrush is much slower, at 7,500 rpm.

Change Is Good
As with regular toothbrushes, dental experts advise users to change the heads of rechargeable electric toothbrushes every three to four months.—Chloe Thompson

Sonicare introduced the sonic toothbrush and its patented technology in the late 1980s. The first kids’ sonic toothbrush launched in 2009.
VICTRELIS is a prescription medicine used with the medicines peginterferon alfa and ribavirin (peg/riba) to treat chronic (long-lasting) hepatitis C genotype 1 infection in adults with stable liver problems who have not been treated before or who have failed previous treatment.

Do not take VICTRELIS alone.

It is not known if VICTRELIS is safe and effective in children under 18 years of age.

Important Safety Information

VICTRELIS plus peg/riba may cause birth defects or death to your unborn baby. If you are pregnant or your sexual partner is pregnant or plans to become pregnant, do not take these medicines. You or your sexual partner should not become pregnant while taking VICTRELIS plus peg/riba and within 6 months after treatment is over.

• Females and males must use 2 forms of birth control during treatment and for 6 months after treatment with VICTRELIS plus peg/riba. Hormonal forms of birth control, such as birth control pills, vaginal rings, implants and injections, may not work as well during treatment with VICTRELIS and you may become pregnant.

• Females must have a pregnancy test before starting treatment with VICTRELIS plus peg/riba, every month while being treated, and every month for 6 months after all treatment is over. If you or your female sexual partner become pregnant during this time, tell your doctor right away.

Do not take VICTRELIS if you take certain medicines. VICTRELIS may cause serious side effects when taken with certain medicines. Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. VICTRELIS and other medicines may affect each other, causing serious or life-threatening side effects, or affecting the way VICTRELIS and your other medicines work. Do not start taking a new medicine without telling your doctor or pharmacist. For a listing of medicines that you should not take with VICTRELIS, please see the Medication Guide on the adjacent page.

Important Safety Information (continued)

Before you take VICTRELIS, tell your doctor if you have blood problems like anemia (low red blood cell count), have liver problems other than hep C, have human immunodeficiency virus (HIV) or any other immunity problems, had an organ transplant, plan to have surgery, have any other medical condition, or are breastfeeding.

VICTRELIS may cause serious side effects, including blood problems. VICTRELIS can affect your bone marrow and cause low red blood cell and low white blood cell counts. In some people, these blood counts may fall to dangerously low levels. If your blood cell counts become very low, you can get anemia or infections.

The most common side effects of VICTRELIS with combination therapy include: tiredness, nausea, headache, and change in taste. Tell your doctor about any side effect that bothers you or that does not go away. There may be other side effects of VICTRELIS. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. 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.

For more information on VICTRELIS, please see the Medication Guide on the adjacent page.
**MEDICATION GUIDE**

**VICTRELIS® (vict-rel'is) (boceprevir)**

Read this Medication Guide before you start taking VICTRELIS, and each time you get a refill. There may be important new information. This information does not take the place of talking with your doctor, nurse or physician assistant (healthcare provider) about your medical condition or your care.

**VICTRELIS is taken along with peginterferon alfa and ribavirin. You should also read these Medication Guides.**

**What is the most important information I should know about VICTRELIS?**

VICTRELIS, in combination with peginterferon alfa and ribavirin, may cause death or severe liver damage in people who are infected with the hepatitis C virus. This includes people who have no symptoms and people who do not know they are infected with hepatitis C. VICTRELIS is not recommended for use in people who have not been diagnosed as having hepatitis C. You should stop taking VICTRELIS and tell your doctor if you find out you have hepatitis C after you start taking VICTRELIS.

**VICTRELIS** may cause serious side effects when taken with other medicines. These include:

- **Death**: VICTRELIS may cause liver problems that can lead to death.
- **Liver problems**: VICTRELIS may cause severe liver problems even when used with medicine other than peginterferon alfa and ribavirin. You may have severe liver problems within weeks or months after you start taking VICTRELIS, or even later. These problems can cause injury to your liver and even death.
- **Injury to the pancreas**: VICTRELIS is sometimes used with ribavirin. When used with ribavirin, it can cause injury to the pancreas and other internal organs.
- **Blood disorders**: VICTRELIS can cause blood disorders that can be serious.
- **Hypersensitivity reactions**: VICTRELIS can cause serious skin reactions. If you have a lot of swelling or have signs of a serious allergic reaction to VICTRELIS, call your doctor right away. Be sure to tell your doctor if you have ever had a reaction to VICTRELIS.

**You must talk to your doctor before you start taking VICTRELIS. Do not take VICTRELIS if you:**

- take certain medicines, including medicines that are not prescription, such as ibuprofen (Advil®), naproxen (Aleve®), ibuprofen- and naproxen-containing medicines, or decongestants that contain pseudoephedrine (e.g., Sinex®), or other medicines that may lower your blood pressure, or medicines that contain methylxanthines, or have any of the medicines in the list below
- have liver problems other than hepatitis C infection
- have a family member who had liver problems from taking medicines similar to VICTRELIS
- have had liver problems from taking medicines similar to VICTRELIS
- have had a liver transplant
- have liver disease
- have had severe blood disorders
- have certain medical conditions
- are breast feeding
- are taking medications used to treat high blood pressure
- are taking medications used to treat high cholesterol
- have had severe allergic reactions
- have had severe skin reactions
- have had any severe medical conditions
- are breast feeding
- have had severe skin reactions
- have had severe allergic reactions
- are taking medications used to treat high blood pressure
- are taking medications used to treat high cholesterol
- have had severe medical conditions
- are female
- are breastfeeding
- are taking medications used to treat high blood pressure
- are taking medications used to treat high cholesterol
- have had severe medical conditions
- are female
- are breastfeeding

**Tell your doctor if you:**

- have any severe medical conditions.
- are taking any other prescription or nonprescription medicines, vitamins, or herbal supplements.
- have had a liver transplant
- have certain medical conditions
- are pregnant or plan to become pregnant
- are breast feeding
- are taking any prescription or nonprescription medicines
- are allergic to anything
- are taking medications used to treat high blood pressure
- are taking medications used to treat high cholesterol
- have had severe medical conditions
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- are breastfeeding
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Our expert explains rheumatoid arthritis and what’s ahead for treatment

By Christina Boufis, WebMD Contributing Writer

Rheumatoid arthritis (RA) is perhaps the most common inflammatory arthritis in the world, says Gary S. Firestein, MD, professor of medicine, dean and associate vice chancellor of translational medicine at the University of California, San Diego School of Medicine. In the United States alone, an estimated 1.3 million people have the disease, and it affects two to three times as many women as men. And RA may be on the rise in women, according to a 2010 Mayo Clinic study. After decades of decline, the incidence of RA rose modestly among women during 1995 to 2007, researchers found.

While it’s too soon to tell if RA is still increasing or if environmental factors such as smoking (a known risk factor) are to blame, what is clear is that therapy has improved significantly in the past 10 to 20 years, Firestein says. “The majority of our patients, if not in remission, have markedly improved symptoms.” Firestein answers some top questions about RA.

1. WHAT CAUSES RA AND WHAT ARE THE SYMPTOMS?
   Nobody really knows, except we do know it involves both genetics and the environment. The risk of developing RA is about 6 times greater if a first-degree relative has the disease. There is also a risk of progression of the disease if relatives have been diagnosed with RA.

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Most insurance accepted.
1% in the general population. But if you have a first-degree relative—like a sister or a mother—with RA, then your chance of getting the disease increases from 1% to the 2% to 5% range. If you have an identical twin with RA, the risk goes up from 12% to 15%, so that clearly shows genes can play a role. There’s probably not a single environmental factor responsible, such as a virus.

The symptoms are swelling and pain and stiffness in the joints, especially stiffness in the morning. In general, it is symmetrical, which means it involves both sides of the body. Typically a person with RA will have swelling and pain in the wrists, knuckles, ankles, and toes. As the disease progresses larger joints will be involved: elbows, shoulders, knees, and hips. The pain is usually not severe, but more chronic and dull. RA can cause flares but often includes periods where disease activity is much lower. Fatigue is quite common with active RA, where affected joints have an increase in inflammation with swelling and redness.

**2** CAN IT BE CURED?
Right now there is no cure for RA, but we have effective treatments for the majority of patients. Some people will have very mild disease, but others have a waxing and waning course with exacerbations and remissions that go on over time. The general rule for all the therapies is the rule of thirds: a third of patients will get much better with a particular therapy, a third will get somewhat better, and a third will not improve at all. A new class of medications for RA, the biologics, have to be injected, so there is now a push to find oral pills that mimic the effects of these drugs. And there’s considerable interest in personalized medicine—to try to look at the genetic makeup of a person with RA, so that rather than doing guesswork to find the right combination of medicines, we’ll be able to predict treatment based on someone’s genes. Another area is trying to understand something that occurs over many years. The most recent RA drugs, the biologics, have to be injected, so there is now a push to find oral pills that mimic the effects of these drugs. And there’s considerable interest in personalized medicine—to try to look at the genetic makeup of a person with RA, so that rather than doing guesswork to find the right combination of medicines, we’ll be able to predict treatment based on someone’s genes.

**3** BESIDES MEDICATION, WHAT ELSE WORKS?
In almost any pain or arthritis study, about 20% to 30% of patients have a modest response to a placebo, which means the expectation of improvement can lead to changes in disease activity. And there actually is physical and laboratory evidence that people are improving, so there must be a biology to it that we don’t understand. It’s really important to maintain range of motion and stay physically active if you have joint disease.

**4** IS IT POSSIBLE TO GET PREGNANT WITH RA? CAN I PASS RA ON TO MY CHILD?
Women with RA can certainly become pregnant, and pregnancy can induce remission in a large percentage of women—about half to three-quarters. Subsequently, about one to two months after delivery, those women almost always have a return of the disease or a flare. Nobody really understands why. There are some theories about how the immune system in pregnant women gets modified to prevent rejection of a fetus, and maybe that’s responsible for putting the disease into remission. We always try to minimize drug exposure during pregnancy. There can be some risks related to certain RA medications (such as methotrexate) during pregnancy, so we usually recommend that women be off these medications for six months or so before conceiving.

**5** WHAT NEW TREATMENTS DO YOU SEE COMING OUT IN THE NEXT FIVE TO 10 YEARS?
The symptoms are burning and redness. RA is much lower. Fatigue is quite common with active RA, where affected joints have an increase in inflammation with swelling and redness. It’s really important to maintain range of motion and stay physically active if you have joint disease.
"I’m taking charge of my fight against RA.
I talked to my doctor about something different."

Linda J. Living with RA since 1989

For adults with moderately to severely active RA after at least one anti-TNF treatment has been used and did not work well.

ACTEMRA IS THE FIRST AND ONLY TREATMENT TO BLOCK THE ACTION OF IL-6. This is one of the substances in the body that can contribute to the signs and symptoms of rheumatoid arthritis (RA), including pain, swelling and joint damage.

ACTEMRA HAS BEEN PROVEN TO WORK for some people who had previously used anti-TNF treatments that did not work well such as Enbrel® (etanercept), Humira® (adalimumab) and Remicade® (infliximab). — In a 6-month study, about half the patients taking ACTEMRA reduced the signs and symptoms of RA (also known as ACR20)

ACTEMRA STOPS JOINT DAMAGE: In a 1-year study, the progression of joint damage stopped for most patients taking ACTEMRA at the 8 mg/kg dose in combination with methotrexate

ACTEMRA CAN CAUSE SIDE EFFECTS

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ACTEMRA CAN CAUSE SIDE EFFECTS

Read Linda’s story at ACTEMRA.com or call (800) ACTEMRA and speak with a nurse, live.

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

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

IMPORTANT SIDE EFFECT INFORMATION

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

Other serious side effects of ACTEMRA include tears (perforation) of the stomach and intestines, changes in blood test results (including low neutrophil count, low platelet count, increase in certain liver function tests and increase in blood cholesterol levels), hepatitis B infection becoming an active infection again and nervous system problems.

Serious allergic reactions, including death, can happen with ACTEMRA. These reactions may happen with any infusion of ACTEMRA, even if they did not occur with an earlier infusion. Patients must tell their doctor if they have had a previous reaction to ACTEMRA. Patients should not take ACTEMRA if they are allergic to it or any of its ingredients.

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

Patients must tell their healthcare provider if they plan to become pregnant or are pregnant. It is not known if ACTEMRA will harm an unborn baby. Genentech has a registry for pregnant women who take ACTEMRA. Patients who are pregnant or become pregnant while taking ACTEMRA must contact the registry at 1-877-311-8972 and talk to their healthcare provider.

Patients must call their healthcare provider for medical advice about any side effects. Patients or caregivers may report side effects to the FDA at 1-800-FDA-1088. Patients or caregivers may also report side effects to Genentech at 1-888-835-2555.

Please see the Brief Summary of Prescribing Information on following pages. Please see full Prescribing Information, including Boxed Warning and Medication Guide, for additional important safety information.
Get your FREE:

- Patient stories DVD
- Treatment Tracker
- And more

Fill out the attached card to receive continuing support in your fight against RA

Setting goals for success

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 627 INDIANAPOLIS IN
POSTAGE WILL BE PAID BY ADDRESSEE

GENENTECH
PO BOX 784892
INDIANAPOLIS IN 62029-1934

ACTIV
PATIENT SUPPORT PROGRAM

The ACTEMRA Patient Support Program

Getting support could help you with your fight against rheumatoid arthritis (RA).
That’s why we’ve created ACTIV, the RA patient support program.

Sign up now for the free DVD. You’ll also get access to:

- Stories from other people taking ACTEMRA
- A Treatment Tracker to help you monitor your progress
- Free helpful discussions with your doctor
- Newsletters about ACTEMRA
- A nurse-staffed hotline that you can call with any questions
- Diet and exercise tips from experts

*Note: see full summary of trial prescribing information, including Dosage, Warning and Precautionary Caution, which is an important safety information on following page.
Have you taken any of these medications? (Please check box at right)

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If you answered "Yes," please provide the name and dosage of the medication.

Have you been treated in the past for any of these conditions?

- [ ] Arthritis
- [ ] Asthma
- [ ] Autoimmune disease
- [ ] Cancer
- [ ] Cardiovascular disease
- [ ] COPD
- [ ] Depression
- [ ] Diabetes
- [ ] Fibromyalgia
- [ ] Gout
- [ ] HIV/AIDS
- [ ] Hypothyroidism
- [ ] Inflammatory bowel disease
- [ ] Liver disease
- [ ] Migraines
- [ ] Nephritis
- [ ] Parkinson’s disease
- [ ] Rheumatoid arthritis
- [ ] Sarcoidosis
- [ ] Schizophrenia
- [ ] Ulcerative colitis
- [ ] Vasculitis
- [ ] Others (please specify)

If you answered "Yes," please provide the name and duration of the condition.

Which of the following best describes how you discovered your symptoms of RA (rheumatoid arthritis) with your doctor?

- [ ] Self-diagnosed with symptoms for over 1 year
- [ ] Self-diagnosed with symptoms for less than 1 year
- [ ] Doctor diagnosed
- [ ] Other (please specify)

If you answered "Other," please provide the name and duration of the condition.

Have you been taking any current medication?

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If you answered "Yes," please provide the name and dosage of the medication.

Which type of physician are you seeing?

- [ ] Primary care physician
- [ ] Rheumatologist
- [ ] Other (please specify)

If you answered "Other," please provide the name and duration of the condition.

Please review each of the statements below and indicate how much you agree or disagree.

1. My arthritis significantly affects my personal and family life.
   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

2. I have difficulty sleeping.
   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

4. I have difficulty with daily activities.
   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

5. I have difficulty with household activities.
   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

6. I have difficulty with work activities.
   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

7. I have difficulty with social activities.
   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

8. I have difficulty with leisure activities.
   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

9. My arthritis affects my ability to travel.
   - Strongly disagree
   - Somewhat disagree
   - Neutral
   - Somewhat agree
   - Strongly agree

10. My arthritis affects my ability to go out and about.
    - Strongly disagree
    - Somewhat disagree
    - Neutral
    - Somewhat agree
    - Strongly agree

Please review the following list of medications and indicate if you are taking any.

- ACTEMRA/palivizumab (ADOBE)
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ACTEMRA® (AC-TEM-RA) (tocilizumab)

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What is the most important information I should know about ACTEMRA?

ACTEMRA can cause serious side effects including:

1. Serious Infections

ACTEMRA is a medicine that affects your immune system. ACTEMRA can lower the ability of your immune system to fight infections. Some people have serious infections while taking ACTEMRA. People who have diabetes, HIV, or conditions that affect the immune system (such as receiving organ transplants or living in areas where these infections are common), or who carry certain infections in their blood, may be at higher risk of infections. People who are white blood cells that help the immune system fight bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

• Your doctor should test you for TB before starting ACTEMRA.

• Your doctor should monitor you closely for signs and symptoms of TB during treatment with ACTEMRA. You should not start taking ACTEMRA if you have any kind of infection unless your healthcare provider says it is okay. Before starting ACTEMRA, tell your healthcare provider if you:
  
  • think you have an infection or have symptoms of an infection such as:
    • fever, sweating, or chills
    • muscle aches — diarrhea or stomach pain
    • shortness of breath
    • blood in phlegm
    • weight loss
    • warm, red, or painful skin

• are being treated for an infection

• have any infections or conditions 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

• have ever had, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidiomycosis, or blastomycosis). These infections may happen or become more severe if you use ACTEMRA. Ask your healthcare provider, if you do not know if you have lived in an area where these infections are common.

• have or have had hepatitis B.

• If you have had hepatitis C, tell your healthcare provider before you start taking ACTEMRA. ACTEMRA may not be right for you. It is not known what effect ACTEMRA may have on some nervous system disorders.

2. Other Infections

• ACTEMRA may not be right for you.

• If you have had hepatitis C, tell your healthcare provider before you start taking ACTEMRA. ACTEMRA may not be right for you.

• Before receiving ACTEMRA, tell your healthcare provider if you:
  
  • have any symptoms of an infection.

3. Changes in certain laboratory test results. Your healthcare provider should do blood tests before you start receiving ACTEMRA and every 4 to 8 weeks during treatment to check for the following side effects of ACTEMRA:

• low neutrophil count, Neutrophils are white blood cells that help the body fight off bacterial infections.

• low platelet count. Platelets are blood cells that help with blood clotting and stop bleeding.

• increase in certain liver function tests. You should not receive ACTEMRA if your neutrophil or platelet counts are too low or your liver function tests are too high.

Your healthcare provider may stop your ACTEMRA treatment for a period of time or change your dose of medicine if needed due to changes in these blood test results. It is not known what effect ACTEMRA will have on your immune system. People who take ACTEMRA should not receive live vaccines. People taking ACTEMRA can receive non-live vaccines.

• plan to have surgery or a medical procedure

• have any other medical conditions

• plan to become pregnant or are pregnant. It is not known what effect ACTEMRA will harm your unborn baby.

Regulatory機構: Genentech has been approved to market ACTEMRA. It is not known what effect ACTEMRA may have on some nervous system disorders.
Out to Dry

Our experts offer top tips and product picks for winter-proofing parched skin

Q. I have nightmarishly dry skin in the winter. I get cuts and scratch marks on my legs because they itch so much. What can I do?

Jennifer Gunn, 32, English teacher, Bayside, Queens, N.Y.

Dr. Taylor says:

Heaters and prolonged hot showers are the biggest culprits when it comes to dry skin. Both can deplete the skin of its natural moisture, even more than cold temperatures. And no matter how much water you drink, it probably won’t be enough to rehydrate the skin. For starters, invest in a humidifier, which helps bring moisture into heated homes.

Beyond that, one of the most important things you can do in the winter is to use a nondrying wash like Dove Visible Care Renewing Crème Body Wash ($7.99), and shorten your shower to three minutes max or bathe in lukewarm water.

Next, apply body lotion—try Aveeno Active Naturals Daily Moisturizing Lotion ($11.79)—immediately after showering and before bed. The rich formula your skin can tolerate, and apply it to your body religiously to maintain a healthy skin barrier.

To combat dryness on your face, use a soap like Cetaphil Gentle Skin Cleanser ($7.99), which has fewer potent surfactants that can strip skin of its moisture and more replenishing emollients. You may want to ease up on exfoliating face cleansers and toners. These are often too rough for the skin in the winter, so aim for something gentler and look for ingredients like jojoba beads in the label.

Consider adding a nightly cream or lotion to the mix to replenish hydration and reduce irritation while you sleep. For day, stock up on hydrating creams and lotions that contain moisture-locking ingredients such as ceramides, glycerin, and hyaluronic acid, and use every day.Try Eucerin Q10 Anti-Wrinkle Sensitive Skin Creme ($8). No matter what, it’s best to apply face and body moisturizer twice a day during the winter— in the morning after showering and before bed.

People with sensitive, dry, or rosacea-prone skin are already predisposed to more irritation during winter months. They can benefit from products that are ultra-moisturizing and chemical-free, and contain a healthy dose of natural anti-inflammatory ingredients. A good choice is Burt’s Bees Soap Bark & Chamomile Deep Cleansing Cream ($8).

If you have oily or combination skin and often get clogged pores and acne breakouts, it’s best to use light moisturizers throughout the year that are noncomedogenic, containing a healthy dose of natural anti-inflammatory ingredients. A good choice is Neutrogena Healthy Defense Daily Cleanser ($12.99). They provide moisture without causing clogged pores that can lead to pimples.—Ayren Jackson-Cannady

Marianna Blyumin-Karasik, MD, cosmetic dermatologist, Miami

A. Cold wind and reduced humidity can lead to dehydrated skin, which shows up as flaking and itching. Not switching up your products throughout the year can further irritate your skin.

Jennifer Gunn, 32, English teacher, Bayside, Queens, N.Y.

Dr. Blyumin-Karasik says:

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Marianna Blyumin-Karasik, MD, cosmetic dermatologist, Miami

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Jennifer Gunn, 32, English teacher, Bayside, Queens, N.Y.

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Marianna Blyumin-Karasik, MD, cosmetic dermatologist, Miami

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Not switching up your products throughout the year can further irritate your skin.
Hot Shot
Are high-end hair dryers worth the cost?

Like many women, Donna Bonfield, 45, a communications manager in Arlington, Va., blow-dries her hair as part of her daily routine. “I’m so rushed in the morning, my blow dryer is always hot and on the highest speed,” she says. So she’s intrigued by high-end dryers that claim to dry twice as fast, minimize damage, and eliminate frizz—and cost up to $300. “I’ve never paid more than $20 or $30 for a dryer,” she says.

Is it worth upgrading from your drugstore dryer to a pricey pro model with superhero terms like tourmaline ionic and nano ceramic? If you have a need for speed, the investment might pay off. Your current dryer’s wattage—that is, how much heat it generates—probably ranges from 1,200 to 1,875. Pro dryers can hit 2,500 watts. That means your hair dries faster. “I always get the most powerful dryer I can. The less time that I have heat on the hair, the better,” says Natasha Sunshine, stylist and owner of Byu-ti Hair Therapy salon in Santa Monica, Calif.

High heat is good, but only for a short period of time. “When you continue to dry hair, you boil the water inside the shaft and get a condition known as bubble shaft,” says Zoe Draelos, MD, consulting professor of dermatology at Duke University School of Medicine. This is as bad as it sounds—hair bursts from the steam. The result: Weakened, damaged hair that’s more likely to break when combed.

That’s where all the top-dollar bells and whistles come in, such as tourmaline-infused or ceramic parts and ionic technology that help conduct heat more efficiently with less wear and tear on hair. These fancy features have quickly become available in inexpensive dryers, too. So if you stick with a drugstore pick, opt for one with lots of speed and heat settings, and use only the lowest ones, Draelos says. Also, hold the dryer at least a foot from your hair to minimize damage.

If time is of the essence, you can invest in a dryer that has the best ionic or infrared technology (the mechanics of cutting your drying time in half) plus fancy features like an easy-to-use “cold shot” button to “set” hair, a four-year or more warranty, and a quiet, highly engineered, lightweight body.

So will Bonfield reconsider her $25 drugstore dryer? If a salon-grade dryer really was that good, she says, and met her other criteria of being light and compact, and with a killer-hot setting, yes, she says. She’d definitely think about it.—Maria Ricapito

DRYER IDEAS
These pro tips will help you maintain a healthy mane.

Pro dryers can hit 2,500 watts. That means your hair dries faster.

Get more expert tips for taming your mane. WebMD.com
Mouths of Babes
Set kids up for good health with early dental visits

At the sight of my son's first tooth, it dawned on me: I had been so focused on every other detail of his development that I knew almost nothing about dental care for little choppers.

According to Clarice Law, DMD, MS, assistant professor in the Pediatric Dentistry and Orthodontics sections at the UCLA School of Dentistry, it pays to start dental visits early. “I like to see kids by age 1,” Law says.

Mostly, first visits are about getting kids used to the dentist’s chair and educating parents. Parents tend to over-talk upcoming dental visits to prepare their child, a strategy that often backfires. The more you talk, the bigger deal it becomes. Let your child know ahead of time about the visit and leave it at that.

Mostly, first visits are about getting kids used to the dentist’s chair and educating parents.

PREP SCHOOL
Wondering how to prepare for your child’s trip to the dentist? Clarice Law, DMD, MS, offers the following tips:

Be brief. Parents who have had bad dental experiences often assume their kids will, too. Don’t talk about fear—it just sets up negative associations with the dentist.

Be positive. Parents repeat the directives given their child and interject in other ways during office visits. But hearing multiple voices confuses your child and blocks an opportunity for bonding with her dentist.

Be a presence (not a nuisance). Many parents think the pigment may start to break down once the red out. “After that the red pigment starts to turn brown,” says Perry Romanowski, MS, a Chicago-based cosmetic chemist.

Hue Clues
Today, whether blush is in powder, cream, liquid, or gel form, it relies on FDA-approved colorants to dye the cheeks. These pigments appear on the label as a color and number, such as Red 13, Yellow 5, or Red Lake 6. Typically, three or four pigments are mixed to make a single-shade of blush. “Fewer than 100 colorants are approved by the FDA, but these can be blended in an infinite number of ways, which is how cosmetic companies are able to introduce new shades every season,” says Perry Romanowski, MS, a Chicago-based cosmetic chemist.

Undercover Op
By themselves these colorants they’d show up as intensely vivid dots on your skin. Chemists add fillers, such as talc and stearic, a natural fatty acid, to dilute the pigment. Coverage or concealing pigments, including mica, zinc oxide, and titanium oxide, are also added to the mix. “These ingredients block the pigment from being as noticeable as it could be,” says Raychel Wade, New York makeup artist and “color ambassador” for La Prairie, offers this makeup tip.

Perfect blush application is all about placement. Ideally you want the burst of color to be right on the apples of your cheeks. A foolproof way to find this is to nestle the brush directly under your eye pupil and across from the tip of your nose. Then blend up and out two inches.

Raychel Wade, New York makeup artist and “colour ambassador” for La Prairie, offers this makeup tip.

Liquid Liability
Looking for a blush that will last from breakfast to after-dinner drinks? Choose a cream, liquid, or gel. Because these formulations contain water or oils, they form a film on your skin and wear longer. But once the product dries on the skin, which can be seconds in the case of liquid cheek stain, it’s nearly impossible to blend. Powders offer the most goof-proof application.

Prime Time
Is your blush looking a little muddy? You’ve probably held on to it too long. Cosmetic companies rest blush to remain stable for about a year once opened. “After that the red pigments may start to break down, so your blush will go on more brown,” says Perry Romanowski. “It also won’t spread as easily, so you may end up with streaks.”—Shelby Law
Take It Easy

Do downward dog and tai chi in the park really give you a good workout?

Ask Julie Rudiger about her fitness regime and she’ll talk about downward dog, triangle pose, and warrior III. Tired of counting repetitions and pedaling a stationary bike to nowhere, Rudiger was initially drawn to yoga in 2009 because she wanted an activity that stretched her muscles as well as her mind. Eventually, it became her workout of choice.

But do deep breathing exercises and poses such as downward dog count as a good workout? "A lot of people seem to underestimate the physical benefits of yoga," says Rudiger, 47, a therapist in Denver. "But the practice has made me stronger and more flexible, physically and emotionally."

Activities such as tai chi (a martial art performed in a series of slow, choreographed movements), Pilates (low-impact exercises that build core strength), and yoga are called mind/body fitness because they emphasize physical and mental strength.

"The movements [also referred to as poses or postures] strengthen your body and improve your flexibility by teaching you how to move your body and focus your mind," explains Kevin W. Chen, PhD, MPH, associate professor in the Center of Integrative Medicine at the University of Maryland School of Medicine. If you're interested in burning more calories, some advanced yoga and Pilates sessions move at a faster pace. These require students to hold complex poses for longer periods, offering a more intense workout. But beginning classes that teach you how to perfect a plank pose and other mind/body postures provide significant health and fitness benefits beyond a high-calorie burn. Plus, learning the basics helps prevent injury when you move on to more advanced classes.

For example, doing tai chi’s series of graceful movements engages all of the major muscle groups and joints, improving balance and strength. Pilates’ emphasis on movements that strengthen the body’s core helps build muscular endurance and flexibility. In general, mind/body practices help control stress, and improve sleep. In one study, people doing yoga lowered both their LDL (bad) cholesterol and their triglycerides more than 12 points during a three-month study.

Similar to aerobics classes or weight-lifting workouts, the intensity level within each discipline varies by style and instructor. But the specific practice you choose is less important than simply engaging in it, Chen says. "Doing these mind/body exercises consistently will build up strength," he says. "Don’t worry about making mistakes or getting all of the movements right. In the beginning, just being there and doing it is enough."

No longer a beginner, Rudiger says her dedication to yoga does more than deliver an intense mind/body workout. It also gives her bragging rights. "My brother is a marathon runner and he might be able to outrun me, but I’m more flexible and have better core strength," she says. "I bring that up whenever someone says yoga is just a stretching class."

DYK?

A one-hour yoga class burns about 298 calories. Doing Bikram or power yoga will burn even more calories.

"Based on a 155-pound person"
When guys go online for infertility treatments, they’re usually doing more harm than good. Here’s why

When a man thinks he’s got a problem below the belt, he’s rarely inclined to talk about it. Instead, some urologist says, he’s more likely to try to fix the problem himself than see a doctor. That is a huge and potentially harmful mistake.

Take infertility, for example, which is not uncommon. An estimated 15% of couples face it when trying to conceive a child. And the man is often at least part of the problem. “In 40% of couples who are having trouble conceiving, male factor infertility plays a role,” says Sheldon Marks, MD, a urologist and microsurgeon with the International Center for Vasectomy Reversal in Tuscon, Ariz. “But in my experience, guys don’t like to go to the doctor. They see it as a sign of failure,” says Sabanegh, MD. “It’s best for both to be tested at the same time.”

Man up. Are you really going to let a little embarrassment keep you from getting to the bottom of your problem? Sabanegh says that happens all too often. “Embarrassment is still a factor in whether or not a man gets checked out.”

In trying such remedies, guys justify putting off a visit to the doctor, but the risk of doing so is real. It’s rare, but according to Marks, one in every 100 cases of male infertility is due to testicular cancer, which is very treatable if caught early. Also, any number of things can make a man infertile, including infections, tumors, and hormonal problems. Many are easily treated.

The best advice for men worried about being infertile: Take a pass on questionable treatments and get checked out by a qualified urologist.—Matt McMillen

Don’t wait. Infertility is a medical issue with fertility? Some expert advice:

See a specialist. Sheldon Marks, MD, is adamant on this point. “Evaluation and treatment should be done by a urologist,” he says. Non-specialists might miss crucial signs of trouble or do an insufficient testing. “Many doctors have zero training in male factor fertility.”

It takes two. Guys, you and your wife should be tested simultaneously. “Women often go through ‘guilt and guilt’ invasive procedures before the man is looked at,” says Edmund Sabanegh, MD. “It’s best for both to be tested at the same time.”

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Don’t be that man.

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Don’t be that man.
Warning Signs

Is your kitty just getting older or could it be time to face your greatest fear about your pet?

When Alex Nocifera’s 12-year-old Weimaraner, Bodi, started panting hard during a hiking trip, he became concerned. When the dog later showed no interest in her food or water, he knew something was really wrong.

Still, he didn’t see the end coming. “Now that I look back, there were slight indications,” Nocifera says of Bodi’s last days. “I remember a few months prior to the trip she was just a bit less active,” he says. He chalked her slower pace up to aging.

Often, it is only in retrospect that pet owners recognize early signs of declining health. They can be subtle, says Jules Benson, MRCVS, a veterinarian in Doylestown, Pa. And cats and dogs take a very different approach when it comes to letting us know they’re sick, he says.

“Dogs are pack animals. When one member is sick, they don’t hide it. Dogs tend to tell us when things are going wrong,” says Benson. A dog in pain may become quiet and subdued, or bark or whine more than usual. Sudden loss of appetite is a big signal that something is wrong. So is rapid weight loss.

And it’s a mistake, according to Benson, to assume a dog that doesn’t want to exercise or play any longer is simply slowing with age. Low-grade, ongoing pain frequently goes undiagnosed and can sap Fido of his energy. The messages cats send when they’re sick, however, can be quite nuanced. “Cats go away to die on their own,” Benson says. “They won’t seek the comfort and attention of others in the house.”

A cat that lies down and can’t get up as easily as before or hides in the closet or under the bed more often could be telling you something’s wrong. Other signs a cat is ill include eating and drinking less than usual (check the litter box for clues), weight loss, or hair that is less shiny or has changed texture.

Perhaps the best way to identify serious illness in your cat or dog is by focusing on wellness and prevention. Regular checkups as your pet matures help establish baseline health measurements, which make it easier to catch and treat illness early if a problem shows up in subsequent tests.

In the end, Nocifera couldn’t deny that Bodi’s best days were behind her. “She looked sad and horrible,” he says. He made the painful, but he believes merciful, decision to euthanize Bodi. “She had gotten so sick,” he says. “It was time for her to go.”—Lisa Zamosky

THE BIG DECISION

Has your pet been diagnosed with a terminal illness? Veterinarian Jules Benson, MRCVS, offers these tips:

Monitor progress.
Treatment for serious illnesses, such as cancer, can be physically difficult for a cat or dog and very costly for you. Ask your veterinarian how to assess the progress of your pet’s treatment, whether or not it’s working, and if it makes sense to continue.

Keep track.
If the diagnosis is terminal and your pet’s declining health will be gradual, keep a calendar and mark good and bad days to track your pet’s quality of life. Ask your vet for the signs typical of your pet’s illness and what end-of-life options are available.

Find support.
The loss of a beloved dog or cat can bring about feelings of sadness, grief, anger, or confusion. All are perfectly normal. Ask your vet about pet support hotlines that can help you make end-of-life decisions and provide comfort.

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Pup to It

Are you ready to get a new household pet?

Losing a much-loved pet is never easy. But even harder for many is being without a four-footed companion. Veterinarian Sheri Morris, DABVP, of Willamette Valley Animal Hospital in Keizer, Ore., offers a few thoughts about welcoming a new furry friend into your life.

Woe begone. Finish your grieving first. You can’t simply replace a lost pet. You have to be ready for a new personality. “People need time to miss their pets and to think about them,” says Morris. When you find yourself wanting a companion on your walks or a wagging tail to greet you when you arrive home, you’ll know it’s time.

Animal house. Consider the needs of your other household pets. They’ll need time to adjust. Make sure you’re constantly around to separate them if problems arise. “The most important thing is to supervise,” Morris says. “You never know if they will accept the new pet quickly.” Dogs adapt faster than cats, one to two weeks versus a month to six weeks.

Prepare yourself. When she lost one of her dogs, Morris waited a year before she felt ready for a puppy. Again, it’s best to be over the grieving stage before taking on a new member of the family, she says.—Matt McMillen

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ANATOMY OF A PARSNIP

World Travels
Parsnips are native to Europe and Asia and were introduced to North America in the 17th century.

Misunderstood Maladies
People used to believe (falsely) that eating parsnips could relieve a toothache or tired feet.

Sugar Rush
The parsnip’s unique flavor comes from the conversion of its starches to sugar. This happens after the first frost when the vegetable is still in the ground.

Bite-Sized
Half a cup of sliced cooked parsnips has 3 grams of fiber and only 55 calories.

Family Matters
It’s no coincidence that the parsnip resembles the carrot. The two veggies are close relatives.

Healthy Punch
Parsnips are a good source of vitamin C (17% of RDA), folate (11%), and manganese (11%).

Sweet Sub
In Europe, parsnips were used to sweeten jams and cakes before sugar was widely available.

Cow Tale
“Cow parsnip” is a misnomer. That plant is a member of the parsley family.—Chloe Thompson

Anchovy, Garlic, and Parmesan Gratin

Ingredients

- 1 lb parsnips, peeled and thinly sliced
- 1 lb Yukon Gold potatoes, thinly sliced
- 2 cloves garlic, finely minced
- 2 cups (about 2 large) thinly sliced leeks
- 1 tsp chopped fresh thyme
- Salt to taste
- Black pepper to taste
- 1 cup chicken broth
- 2 tbsp extra virgin olive oil
- 1 tbsp low-sodium soy sauce
- 1 tbsp granulated or chopped garlic
- 1 tbsp sesame oil
- 1 small onion, peeled, cut into eighths
- 1 medium red onion, peeled, cut into 1-inch cubes

Directions

1. Preheat oven to 350°F. Spray a large nonstick skillet over medium heat. Sauté leeks until caramelized, about 3 minutes. Add garlic, and continue cooking 2 to 3 minutes.
2. Coat an 8x12-inch glass baking dish with cooking spray. Arrange half the potatoes in the dish, overlapping slightly. Top with half the sautéed leeks, garlic, and thyme. Repeat layering, using remaining vegetables and seasonings. Pour broth over and around vegetables. Sprinkle cheese and bread crumbs and continue baking, uncovered, 30 minutes or until golden brown.
3. Increase oven temperature to 400°F. Remove foil and heat a large nonstick skillet over medium heat. Sautee beets until caramelized, about 7 minutes. Add garlic, and continue cooking 2 to 3 minutes.

Per serving: 199 calories, 5 g protein, 33 g carbohydrates, 6 g fat (3 g saturated fat), 16 mg cholesterol, 5 g fiber, 6 g sugars, 288 mg sodium. Calories from fat: 37%.

Parsnip and Potato Gratin

Ingredients

- 2 tbsp dry breadcrumbs
- 4 tbsp grated Gruyère cheese
- 1 tsp chopped fresh thyme
- Salt and freshly ground pepper to taste
- ½ cup heavy cream
- 4 tbsp grated Gruyère cheese
- 2 tbsp dry bread crumbs

Directions

1. Preheat oven to 400°F. Remove foil and heat a large nonstick skillet over medium heat. Sauté leeks until caramelized, about 7 minutes. Add garlic, and continue cooking 2 to 3 minutes.
2. Coat an 8x12-inch glass baking dish with cooking spray. Arrange half the potatoes in the dish, overlapping slightly. Top with half the sautéed leeks, garlic, and thyme. Repeat layering, using remaining vegetables and seasonings. Pour broth over and around vegetables. Sprinkle cheese and bread crumbs and continue baking, uncovered, 30 minutes or until golden brown.
3. Increase oven temperature to 400°F. Remove foil and heat a large nonstick skillet over medium heat. Sautee beets until caramelized, about 7 minutes. Add garlic, and continue cooking 2 to 3 minutes.
5. Stir vegetables on the tray with a spatula or wooden spoon and roast another 10 to 15 minutes or until golden brown.

Per serving: 252 calories, 3 g protein, 24 g carbohydrates, 12 g fat (2 g saturated fat), 6 g fiber, 9 g sugar, 202 mg sodium. Calories from fat: 34%.

COOKING TIPS

- The rimmed baking sheet is a must-have in any chef’s kitchen. The edges are less likely to burn, and you get a consistent layer of bread crumbs and cheese.
- Instead of using a nonstick skillet, you can use a regular one. The heat distribution will be more even.

WEBMD.com

Tool Talk

Some of the best gifts you can give (or receive) are those that encourage people to get back into their kitchens and feel excited about it. Why? Because good tools make cooking faster, simpler, and more pleasurable, which translates into better eating habits. After all, it’s hard to get our kids to eat better if we can’t cook well. But if we can get over our blocks around cooking, our attitudes toward eating will improve—and our kids will develop healthier attitudes, too.

Here are the top five essential tools for every cook.

1. One sharp knife (6 to 8 inches) Yes, just one. A good sharp knife will cut your prep time in half as well as reduce your risk of cutting yourself.
2. Hand-squeeze juicer This is the quickest and easiest way to get great flavor on salads, fish, meat, and veggies. Place half a lemon or lime in the cup, clamp down, and you’ll get fresh juice with no seeds, no electrical time in half as well as reduce your risk of cutting yourself.
3. Rimmed baking sheet (not nonstick) This is the quickest and easiest tool to roast asparagus, Swiss chard, or chicken breasts. A large board costs only about $15. Place a postcard-sized cutting board won’t motivate you to cut your prep time in half as well as reduce your risk of cutting yourself.
4. One sharp knife (6 to 8 inches) Yes, just one. A good sharp knife will cut your prep time in half as well as reduce your risk of cutting yourself.
5. Use the super-sharp grater to zest lemons and limes or grate Parmesan cheese.

Get rooted with more parsnip recipes.

What’s for dinner tonight? Find easy, healthy recipes.

WEBMD.com
Music star and new mom Alicia Keys tells WebMD what drives her to travel the world to help kids affected by AIDS and how you can help

Fourteen-time Grammy Award-winning artist Alicia Keys, 30, had her first baby more than a year ago, a handsome bundle of joy named Egypt. He has “the most perfect eyes and beautiful nose, the sweetest lips and skin so soft and kissable! Never have I felt such disbelief, such awe, humility, godliness, such strength, power, and possibility,” the singer gushes about her son on her blog. Keys and her husband, music producer, rapper, and entrepreneur Swizz Beatz, 33, chose the unusual moniker as a nod to the enduring power of the ancient pyramids built more than two millennia ago in Africa.

Long before Keys fully understood the similarly enduring power of a parent’s love, she found the massive scale of suffering among the world’s children too dire to ignore. After touring impoverished South Africa for the first time eight years ago, she saw up close how that suffering compounds when HIV is involved.

By Lauren Paige Kennedy, WebMD Contributing Writer

Reviewed by Louise Chang, MD
WebMD Senior Medical Editor
"If I can help one person, five people, 10 people, 100, 200, 100,000 people...that’s what’s real.”

“I couldn’t turn my back on all I’d seen,” Keys tells WebMD. She’d witnessed AIDS orphans and widows across that continent. She knew that if she learned new trades, Facilities and health care staff are located in Kenya, Rwanda, South Africa, Uganda and India.

The ARVs are key. Laura Guay, MD, vice president of research at the Elizabeth Glaser Pediatric AIDS Foundation and research professor at the George Washington University School of Public Health and Health Services, explains how ARVs work. “ARVs are combinations of drugs that target different parts of the virus’s reproductive cycle,” Guay tells WebMD. “Limiting the virus’s reproduction is a critical factor in fighting AIDS. However, HIV can mutate and develop resistance to these drugs. So multiple drugs are needed in multiple combinations to manage HIV as a chronic disease, one that a person can live with as long as the drugs are accessible.”

The 3 Keys to Alicia’s Inspiration

For a woman credited with a catalog of famous songs, Keys cites just one as the soundtrack for her life: Nina Simone’s “Feeling Good.” The lyrics are optimistic: “It’s a new dawn, it’s a new day, it’s a new life for me, and I’m feeling good… And with her union to music producer, rapper, and entrepreneur Swizz Beatz still in the honeymoon stage, and son, Egypt, celebrating his first birthday this past October, the song means more than ever to Keys. Here are some ways Keys feels good.

Be grateful. “No matter what’s happening in the world, every day is a brand new breath, a brand new chance, a brand new path to feeling good,” the singer says. “I take every opportunity to live, and I’m so grateful for every day—even more grateful now that I’m a mother and wife with such a strong foundation and with such a beautiful family. I see how phenomenal life can be.”

Give back. “The most incredible thing is to change a child’s life,” says Keys, who is co-founder of Keep a Child Alive (keepachildalive.org), an organization that delivers antiretroviral medications plus health care support and long-term assistance to HIV-infected populations in Africa and India. “We have to ask, what kind of life can these kids have without their parents?” she says, referring to the 16.6 million children orphaned by AIDS worldwide. “It’s incredible what the medicine will do and how it will turn lives around.”

Love yourself first. “If you can’t love yourself, how can you take care of others?” asks Keys. “Watching what you put into your body and eliminating anything that could possibly hurt you in any way are extremely important.” During her pregnancy, Keys says she “made more of an effort because you know it’s not just you in there—whatever you’re eating, the baby is eating, too. I did yoga, I love to run, and with Egypt I continue to be healthy in what I eat, what I feed him, and how I exercise. It makes me feel better.”

“It’s really so important to care for yourself first, then you can give your love to everyone else.”—LPK

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The 3 Keys to Alicia’s Inspiration

For a woman credited with a catalog of famous songs, Keys cites just one as the soundtrack for her life: Nina Simone’s “Feeling Good.” The lyrics are optimistic: “It’s a new dawn, it’s a new day, it’s a new life for me, and I’m feeling good… And with her union to music producer, rapper, and entrepreneur Swizz Beatz still in the honeymoon stage, and son, Egypt, celebrating his first birthday this past October, the song means more than ever to Keys. Here are some ways Keys feels good.

Be grateful. “No matter what’s happening in the world, every day is a brand new breath, a brand new chance, a brand new path to feeling good,” the singer says. “I take every opportunity to live, and I’m so grateful for every day—even more grateful now that I’m a mother and wife with such a strong foundation and with such a beautiful family. I see how phenomenal life can be.”

Give back. “The most incredible thing is to change a child’s life,” says Keys, who is co-founder of Keep a Child Alive (keepachildalive.org), an organization that delivers antiretroviral medications plus health care support and long-term assistance to HIV-infected populations in Africa and India. “We have to ask, what kind of life can these kids have without their parents?” she says, referring to the 16.6 million children orphaned by AIDS worldwide. “It’s incredible what the medicine will do and how it will turn lives around.”

Love yourself first. “If you can’t love yourself, how can you take care of others?” asks Keys. “Watching what you put into your body and eliminating anything that could possibly hurt you in any way are extremely important.” During her pregnancy, Keys says she “made more of an effort because you know it’s not just you in there—whatever you’re eating, the baby is eating, too. I did yoga, I love to run, and with Egypt I continue to be healthy in what I eat, what I feed him, and how I exercise. It makes me feel better.”

“It’s really so important to care for yourself first, then you can give your love to everyone else.”—LPK
amount of HIV in the bloodstream. “In Africa, critical resources and tools are simply not there. So the general principle is to choose groups of drugs that are most likely to treat most of the population with minimal side effects—and that are also cost-effective.”

And when resistance sets in? “That’s the difference between first-line and second-line medications,” Guay explains. “We try to offer the affordable, easy-to-manage drugs first. Then, over time, bring out others.”

Keys points out that securing funding and accessibility for these second-line medications has become KCA’s most important goal. “That, and we’re so close to finding a cure,” says Keys. “Already, new research has shown that in Africa, more than 50% of drug-resistant cases can be stopped. Our ultimate goal is for Keep A Child Alive not to exist. When there are no more infected kids or parents, we would love, more than ever, to raise funds. Sometimes we watch the news and things seem so out of hand,” Keys says. “We feel that there’s nothing we can do. Or we think in order to donate we have to give $100 or $500. You can give $1, or even 50 cents a month, and these very small amounts add up and make a difference.”

Help Alicia Keys Keep a Child Alive

Medications, long-term health care, and facilities cost money—lots of it. WebMD asks singer/songwriter Alicia Keys, who grew up modestly in New York City’s Hell’s Kitchen, “is the biggest obstacle in fighting AIDS one of simple dollars and cents?”

“Honestly, yes,” says Keys, who has raised more than $13 million since 2004 for Keep a Child Alive with her annual “Black Ball” events in London and New York (this year, in June and November, respectively). The shows draw “passionate artists who might not ever be found on the same stage,” she enthuses, stars such as Sheryl Crow, David Bowie, Usher, John Mayer, and Sade, who donate their time to perform and raise funds.

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In honor of World AIDS Day, Dec. 1, Keys invites everyone reading this article to take on a challenge: “Imagine if every WebMD reader gave a single dollar to help end AIDS….A single dollar can change the world.” To help, go to keepachildalive.org.—LPK

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It’s a significant development in halting the spread of AIDS in these populations.

Creativity and Career

Like so many working mothers, Keys juggles pressing commitments while trying to strike a balance between work and family. In addition to her ongoing activism with KCA, there is, of course, her mega-recording career. “ARVs decrease viral loads to undetectable levels, making the likelihood of infecting someone else, or a mother transmitting the virus to her child, decrease significantly,” Guay adds. “It’s not a cure yet, but it’s a really special time, and I feel so honored that I get to help somebody in this world find his wings, and navigate and learn happiness, and be loved. Actually, he’s helping me learn, because I’m smarter now. He’s awesome! I’m having a ball!”

So how does she nurture her creative side while also nurturing a new baby and husband? “I feel like I’m more balanced than I’ve been in my life, actually,” she muses. “I felt a lot less balanced about five years ago. More than ever, I consider everything I do now, and make sure it’s something I can’t live without and something I believe in. There has to be a powerful reason to do it, one that makes me feel great.”

Keys continues: “There are a lot of things I can’t do now. Having my son and a family, that’s my barometer, when before I was maybe more inclined to say ‘yes’ and do more—and then be super-exhausted and overspent. “Life is balance. It’s all a balance,” Keys says. “And if there’s something you’re thinking about, and it’s something you really want in your life, then you will—you’d do it.”

“Alicia is right,” Guay confirms. “What we’ve seen is that in discordant couples, where one spouse is HIV-positive and the other isn’t, when the positive partner is given ARVs, in more than 95% of cases he isn’t transmitting HIV to his spouse, even if they are sexually active.”

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Long before he stole the show as runner-up on Bravo’s Top Chef All-Stars last season with his pepperoni sauce epiphany, Mike Isabella was just another Italian-American kid in North Jersey who loved his grandmother’s cooking.

Every Christmas Day, Isabella’s family would gather at his Aunt Connie’s house, where his grandmother and aunts whipped up a holiday feast of Jerseylicious fare. “There was lots of that classic New York-New Jersey Italian food,” he says. “We did lots of pastas, lots

Photography by John Lee
Pepperoni Chicken

Isabella switches out dark meat for light meat to offer a healthier version of this signature dish. Serve it family-style with his pepperoni sauce on the side, so your holiday guests can spoon it to taste. "The roasted cabbage and the spice-roasted chicken with the pepperoni sauce—that’s very Christmasy, with full flavors," says Isabella. "It’s something a little more unique that you don’t see at everyone’s house.”

MAIN DISH
Spice-Roasted Chicken With Pepperoni Sauce and Cabbage

Ingredients
2 tbsp extra virgin olive oil
3 tbsp lemon zest
2 tbsp lemon juice
2 tbsp finely chopped parsley
2 tbsp finely chopped garlic
1 tbsp smoked paprika
1 tbsp fennel seeds, toasted and ground
3 whole chicken breasts, cut in half
2 tbsp canola oil
pan-roasted cabbage (see recipe, next page)
pepperoni sauce (see recipe, next page)

Directions
1. In a mixing bowl, combine the first 7 ingredients to create the marinade.
2. Fully coat the chicken breasts with marinade and place in a large plastic bag or a glass baking dish.
3. Refrigerate for at least 2½ hours or overnight.
4. Preheat oven to 400ºF.
5. Remove chicken from the refrigerator and let it come to room temperature for about 10 minutes.
6. Heat canola oil in a large, heavy-bottom sauté pan over medium-high heat. Once hot, sear chicken, skin side down, approximately 6 minutes until golden brown.
7. Flip each chicken breast over, place in a baking pan, and continue cooking for 30 minutes or until an instant-read thermometer reaches 165ºF.
8. Remove chicken from oven and let rest 5 minutes. Serve with roasted cabbage, see note below recipe, next page.

MAKES 6 SERVINGS
Per serving: 241 calories, 18 g protein, 2 g carbohydrate, 17 g fat (4 g saturated fat), 56 mg cholesterol, 250 mg sodium. Calories from fat: 64%.

of meats, sausages. There was a turkey, lots of different vegetables."

Back then, "they wouldn’t even let me in the kitchen," Isabella says. "I didn’t mind: I was running around eating all the food. Plus, as a kid, it was all about the presents."

Now, it’s all about getting his family together while he does the cooking, says Isabella, who is honoring his Jersey roots and his grandmother’s culinary legacy in his newly opened Washington, D.C., restaurant, Graffiato, as well as in his cookbook, Flavors From a Jersey Italian, slated for publication next fall.

WebMD asked him for three recipes he’d serve his own family this holiday season, and the star is pepperoni sauce, of course, now drizzled over spice-rubbed chicken. "I have to keep it on my menu forever," he says with a smile. "People come from all over the country to taste it.” Aunt Connie and his grandmother would surely approve.—Kim Caviness

4. Preheat oven to 400ºF.
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**Pan-Roasted Cabbage**

**MAIN DISH ACCOMPANIMENT**

**Ingredients**
- 2 tbsp canola oil
- ½ cup shallots, diced small
- 4 cups thinly sliced savoy cabbage
- 1 tsp white wine vinegar
- 1 tsp extra virgin olive oil
- 1 tsp finely chopped parsley

**Directions**
1. Heat canola oil in a large sauté pan over medium heat. Add shallots and sweat approximately 3 to 4 minutes until soft and translucent, stirring occasionally.
2. Add pepperoni and continue cooking 3 minutes.
3. Add cabbage, cooking and stirring occasionally, until wilted (approximately 10 minutes).
4. Just before serving, add vinegar, olive oil, and parsley.

**Makes 6 Servings**

**Pepperoni Sauce**

**SAUCE FOR MAIN DISH**

**Ingredients**
- 1 tbsp extra virgin olive oil
- ¼ cup yellow onion, diced small
- 1 thinly sliced garlic clove
- 6 oz thinly sliced pepperoni
- ½ tsp fennel seeds
- 1½ cups canned crushed tomatoes
- ½ cup red wine

**Directions**
1. Heat olive oil in a large saucepan over medium heat. Add onion and garlic and sweat approximately 4 to 5 minutes until soft and translucent, stirring occasionally. If garlic begins to brown, lower heat slightly.
2. Add pepperoni and cook 4 minutes.
3. Add fennel seeds and red chili flakes to onion/garlic/pepperoni mix and cook 1 minute.
4. Stir in tomatoes and cook 3 minutes. Add pepperoni and cook 4 minutes.
5. Pass sauce through a fine strainer to create a smoother texture. Use a rubber spatula to slightly . Purée in a blender approximately 66. Reduce heat to low and simmer 50 minutes.
6. Stir in tomatoes and cook 3 minutes. Add chicken broth and bring to a slight boil.
7. Add rice and stir to coat each grain of rice. Toast 3 to 4 minutes.
8. Add rice to sauce, stirring in this way until all the water has been absorbed. The rice should be al dente.
9. Season with toasted pumpkin seeds and chives.

**Makes 12 Servings, 2 TBSP PER SERVING**

**Per serving:** 218 calories, 7 g protein, 42 g carbohydrates, 24 g fat (7 g saturated fat), 39 mg cholesterol, 2 g fiber, 61 g sodium. Calories from fat: 76%.

**Risotto**

In winter, Isabella reaches for in-season veggies like pumpkin, mushrooms, and squash. And he offers this prep tip from his grandmother. “You have to put love into it, and always stir in one motion in the same circle. My grandmother always told me that when you constantly stir it in one motion, it cooks evenly, and it gets creamy and rich.”

**Instructions for panna cotta**

**Ingredients**
- 1 envelope (¼ oz) unflavored gelatin
- 1 cup carnaroli rice
- 3 cups simmering hot water
- 1 tbsp extra virgin olive oil
- 1 tsp lemon juice

**Directions**
1. Melt butter in a large pot over medium heat. Once melted, add onions and sweat 4 to 5 minutes until soft and tender but without any golden or brown color.
2. Add rice and stir to coat each grain of rice. Toast 3 to 4 minutes.
3. Add simmering hot water, a ladle (about ¼ cup) at a time, and continually stir rice in one direction. Once that water has been absorbed, add another ladle of water and continually stir in the same direction. Continue ladling the water and stirring in this way until all the water has been absorbed. The rice should be al dente at this point.
4. Add pumpkin purée and stir in the same direction to combine. Stir in Parmesan cheese.
5. Transfer to a serving dish and garnish with toasted pumpkin seeds and chives.

**Makes 6 Servings**

**Per serving:** 275 calories, 10 g protein, 7 g carbohydrates, 26 g fat (7 g saturated fat), 39 mg cholesterol, 2 g fiber, 651 mg sodium. Calories from fat: 78%.

**Panna Cotta**

When it comes to desserts, “I’m a combo,” says Isabella. “I love sweet and salty. I went with the yogurt panna cotta” for this holiday menu “because the yogurt has a cool little tanginess and acidity, and it’s also very healthy. Yogurt is universal.”

**Yogurt Panna Cotta With Spiced Pears and Pistachios**

**Ingredients for poached pears**
- ⅓ cup white granulated sugar
- ¼ cup water
- 6 whole black peppercorns
- 2 whole cloves
- 1 cinnamon stick
- 2 pears, peeled and chopped into ⅛-inch cubes

**Directions**
1. Combine sugar, water, peppercorns, cloves, cardamom pods, and cinnamon stick in a small saucepan and cook over medium heat about 15 minutes, stirring occasionally. A syrup will begin to form.
2. Remove spices and discard. Add chopped pears. Continue cooking 5 minutes.
3. Remove pears from heat and let cool before serving over panna cotta.

**Makes 6 Servings**

**Per serving:** 218 calories, 7 g protein, 42 g carbohydrates, 24 g fat (7 g saturated fat), 39 mg cholesterol, 2 g fiber, 61 g sodium. Calories from fat: 76%.
WebMD honors four inspiring Americans who are changing the health landscape for all of us, in our sixth annual WebMD Health Heroes tribute.

Profiles by Susan Davis, WebMD Senior Editor.
In 2006, the National Prostate Cancer Coalition graded states on how they were dealing with prostate cancer. Alabama received an “F.” Why? The state did not require insurance companies to cover prostate cancer screenings, too few men were getting screened, and the state’s death rate from prostate cancer was the third-highest in the country.

Moody had already created a nonprofit to educate physicians about prostate cancer. In 2006 he renamed it the Urology Health Foundation and changed its mission to promoting public awareness about the disease and providing statewide free screenings, especially in underserved communities. So far, Moody’s team has screened more than 3,500 men and found numerous cancers. “If we find a problem, we don’t just tell them to take care of it,” Moody says. “We help them.”

Moody also worked to get the state to pass a 2007 law requiring insurance companies to cover screenings. “Prostate cancer is the second leading cause of [cancer] death among U.S. men,” Moody says. “If we detect and treat it early, we can reduce the death rate. That’s why I’m a strong advocate for screening.”

Moody himself goes to most of the weekend screenings. He likes meeting people, especially in far-flung rural areas. “I don’t play golf well or much,” he adds modestly. “So this has become my hobby.”

**THE RA WARRIOR**

Kelly Young

Unlike some people who receive a diagnosis of rheumatoid arthritis after years of pain, fruitless doctors’ visits, and no answers, Kelly Young, 46, wasn’t relieved five years ago when she learned she had the disease. Instead, her response was “Oh, no.” That’s because she knew enough about the disease to know it is chronic and degenerative. But when she went online to learn more, “I couldn’t find any one place for good information,” she says. “There was no one site that was easy for patients to access and had accurate, easy-to-understand information.”

Young also noticed discrepancies between what patients said about RA and how doctors described the disease. So in 2009, the home-schooling mother of five in Cocoa, Fla., launched Rheumatoid Arthritis Warrior (rawarrior.com) to educate and encourage patients while helping researchers and doctors learn more about what RA is really like. “There is so little funding and so little awareness about this disease,” she notes. “I’m trying to create something uplifting, something that builds community.”

Young has succeeded in that. Tens of thousands of people have accessed her site since she started it two years ago. Her Facebook page has more than 11,000 fans, and she has more than 3,300 followers on Twitter. But she hasn’t stopped there. This year, she also set up the Rheumatoid Patient Foundation, the first nonprofit devoted to improving the lives of people with RA through research, public awareness, patient education, and advocacy. “There’s such a need here, it’s like a bottomless pit,” Young says. “But this is a start.”

**PROSTATE HEALTH PIONEER**

**Thomas E. Moody, MD**

In 2006, the National Prostate Cancer Coalition graded states on how they were dealing with prostate cancer. Alabama received an “F.” Why? The state did not require insurance companies to cover prostate cancer screenings, too few men were getting screened, and the state’s death rate from prostate cancer was the third-highest in the country.

The grade “really bugged me,” says urologist Thomas E. Moody, MD, 64, whose Birmingham clinic is the largest urology practice in Alabama. “I immediately saw it as an opportunity and an obligation.”

Moody had already created a nonprofit to educate physicians about prostate cancer. In 2006 he renamed it the Urology Health Foundation and changed its mission to promoting public awareness about the disease and providing statewide free screenings, especially in underserved communities. So far, Moody’s team has screened more than 3,500 men and found numerous cancers. “If we find a problem, we don’t just tell them to take care of it,” Moody says. “We help them.”

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Ellen L. Beck, MD

Since 1997, the Student-Run Free Clinics set up by Ellen L. Beck, MD, have helped more than 7,500 underserved and uninsured patients in San Diego. The clinics, which operate at four sites, are staffed by students training to go into health professions as well as law and social work. They provide primary care services, 17 areas of specialty care (including cardiology, dermatology, endocrinology, gynecology, acupuncture, and psychiatry), plus health education, referrals to legal and social services, medications, and restorative dental work—all for free.

Beck, 59, a clinical professor in the Department of Family and Preventive Medicine at UC San Diego’s School of Medicine, set up the programs to provide humanistic learning environments for both patients and students. “We want to reach the people who have fallen through the cracks, who have no access to care,” she explains. “And we want to teach students how to be respectful, empathetic, and self-aware in their practices.”

Her program is extremely popular. More than 1,000 UCSD medical students have taken free-clinic electives where they learn this philosophy and the skills needed for high-quality respectful care. And more than 135 doctors from across the country have taken her three-week national faculty development course, which includes guidance for establishing student-run clinics. About 15 student-run clinics have been set up based on her model.

“Our medical students arrive with passion, compassion, and a desire to make a difference for patients,” she says. “But the medical system often beats it out of them. Our program keeps those dreams alive and gives them the tools to provide that kind of humanitarian care in their own practices.”

Darell Hammond

It’s a tough time to be an advocate for play. Reduced recess time at schools, more TV and computer usage, and parents’ fears about letting children outside alone means that “our children are playing less than any previous generation,” says Darell Hammond, 40, the founder and chief executive officer of KaBOOM!, a nonprofit in Washington, D.C., devoted to saving play for children.

“This lack of play is causing kids profound physical, intellectual, social, and emotional harm,” he says. “Without ample play, we will continue to see a decrease in creativity and imagination as well as vital skills including curiosity, social skills, resiliency, and the ability to assess risk.”

Hammond himself grew up in a group home outside Chicago, one blessed with 1,200 acres and “hundreds of trees to climb on.” So in 1995, when he read about two children who had died while playing in an abandoned car, he established KaBOOM! and set a goal of providing a play space within walking distance of every child in the country.

To date, KaBOOM! has helped 1 million volunteers in 700 communities across North America build 2,000 playgrounds for some 5.5 million kids. The organization has also created an online “Map of Play” that helps parents find local playgrounds and community leaders identify where more playgrounds need to be built. “It’s a joyous geography, showing where kids can climb and run, laugh and shout, learn and grow,” Hammond says.
Allergies

Quiz

What Are Food Allergies?

Any number of foods can trigger an allergic reaction, with varying symptoms. “I have a 5-year-old who has just been diagnosed with cow’s milk, egg white, and shrimp allergies,” blossomrose recently wrote in WebMD’s allergies community. “What are the symptoms of allergies? I know the rashes, hives, cannot breathe, but can hyperactivity be part of the allergic reaction?” What do you think? How much do you know about food allergies?

1. Which of the following foods commonly cause allergic reactions in kids?
   a. eggs
   b. milk
   c. peanuts
   d. all of the above

2. Which body system sets off an allergic reaction?
   a. immune
   b. respiratory
   c. gastrointestinal
   d. nervous

3. Food allergies do not usually trigger this symptom:
   a. itchy mouth
   b. hives or eczema
   c. gastrointestinal
   d. nervous

Answers: 1. d. Eight foods account for 90% of all food allergy reactions: milk, eggs, peanuts, tree nuts, soy, wheat, shellfish, and fish. 2. a.Normally, your immune system rushes to defend your body against harmful substances, such as viruses, bacteria, and toxins. A food allergy will also trigger an exaggerated immune response. Reactions range from mild to very severe. 3. b. Hyperactivity is not a symptom. Symptoms of food allergies usually occur on the skin and include itching; hives; and swelling of the eyelids, face, lips, or tongue. Digestive symptoms can include cramps, vomiting, and diarrhea. Shortness of breath, difficulty breathing, dizziness, and loss of consciousness could signal a more serious allergic reaction requiring immediate care (call 911).

WebMD’s 2010 Health Heroes

Where are they now?

Patricia Furlong

Patricia Furlong lost her two sons to Duchenne muscular dystrophy more than 15 years ago. But those coping with the fatal disease—as well as their families—gained one of their strongest advocates. Furlong founded Parent Project Muscular Dystrophy in 1994. In the past year, the group’s advocacy has translated into drug trials. Furlong says, “The field is at the tipping point of expansion. In the next two to five years, we will have confirmed therapies for at least some boys. When my boys were diagnosed, this was all wishful thinking.”

Christy Turfington Burns

After the 2005 CARE ambassador trip that opened supermodel Christy Turfington Burns’ eyes to the preventable pregnancy- and childbirth-related deaths happening around the world, she made the documentary No Woman, No Cry in tandem with her Every Mother Counts (EMC) campaign. Major film festivals and conferences have screened the movie since its April 2010 debut. It also aired on OWN: Oprah Winfrey Network on May 7 to its single largest audience. On December 6, a DVD of the documentary will be available in stores; for more information go to everymothercounts.org.

T. Denny Sanford

The philanthropist partner of Sanford Health has had a busy year. Three Sanford World Clinics—in Ghana, Israel, and Mexico—are joining the list of pediatric clinics funded by Sanford Health (a WebMD partner and co-creator of the Fit health websites for kids) in areas that lack such facilities. Add to this the Edith Sanford Breast Cancer initiative launched in August with a $100 million gift from Sanford himself. “With it, we hope to connect and mobilize women to participate in research and raise support to treat and cure breast cancer for future generations,” he says.

Tiffany Denyer

In 2005, Tennessean Tiffany Denyer combined her love of dogs with her desire to aid people with emotional and behavioral problems by founding Wildernorn Service Dogs. Since last year, one university study shows her efforts are working. “It definitely demonstrated that service dogs help children with autism,” Denyer says. There’s more good news: Her business has grown—she’s placed 20 dogs this year, up from 15 in 2010, allowing her to buy a small piece of property. “We have our own site for the first time. It will require a lot of work, but I’m really excited!”

Caren Hoffman

Working with sick children has been a priority for Caren Hoffman, 18, since her little brothers, Sam, underwent a bone marrow transplant five years ago. He got better, but Hoffman knew many other children needed help. Over the past year, she’s cooked dinner at Ronald McDonald House in Boston, volunteered weekly at a soup kitchen, and helped raise money to buy 250 Christmas presents for needy children. At college now, she’s joined the campus Make-A-Wish Club, the Student Movement Against Cancer, and other kids’ health-focused clubs. “I plan on joining as many such clubs as possible!”

Christopher Gavigan

Since last year, Christopher Gavigan has left Healthy Child, Healthy World to start Honest Company, a soon-to-launch online store offering healthy, sustainable, eco-friendly products for the family. He plans to bring his focus on children’s environmental health into the marketplace.—Matt McMillen

Allergies Newsletter

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

Food allergies

Source: U.S. Department of Health and Human Services; NIH; the FDA; the American Academy of Allergy, Asthma, and Immunology; and the WebMD Allergies Health Center
**DID YOU KNOW?**

45% of adults snore once in a while; 25% snore most of the time. Nearly 20 million Americans have sleep apnea.

**QUESTIONS FOR YOUR DOCTOR**

1. What are the symptoms of sleep apnea?
   - Yes
   - No

2. What causes sleep apnea?
   - Obstructive
   - Central

3. Does sleep apnea increase your risk of heart disease?
   - Yes
   - No

4. Are there any medications that could help treat sleep apnea?
   - Yes
   - No

**SLEEP WELL NEWSLETTER**

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

Source: WebMD special feature on Snoring and the Sleep Disorders Center

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**DID YOU KNOW?**

Some people don’t sweat the small stuff. But some people really do, to the point that they have generalized anxiety disorder, a condition in which the little things—or nothing at all—can provoke ongoing dread about everyday events, constant worry, and even physical symptoms. “I often think that I have something more wrong with me, like my body actually feels weird,” writes Meinlvr25, a member of WebMD’s anxiety community. “I was just wondering if this was part of anxiety/panic.” What do you know about GAD?

1. In addition to worry, headaches and muscle tension are other common symptoms of GAD.
   - True
   - False

2. People age 65-plus are most prone to developing GAD.
   - True
   - False

3. GAD usually occurs with other problems, such as depression, substance abuse, or other anxiety disorders.
   - True
   - False

4. Talk therapy is not useful for treating GAD.
   - True
   - False

**MIND NEWSLETTER**

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

Source: National Institute of Mental Health and the WebMD Mental Health Center
DID YOU KNOW?

About 25% of adults in Western countries get heartburn at least once a month. Between 5% and 15% of adults have severe heartburn.

QUESTIONS FOR YOUR DOCTOR

1. What diet or lifestyle changes can I make to reduce heartburn?
2. Do I need over-the-counter or prescription medication?
3. Should I take any tests to check for complications from heartburn or GERD?
4. If other treatments fail, is there a surgical procedure that can help?

Answers: All are false. Heartburn develops when a muscular valve called the lower esophageal sphincter functions improperly, allowing stomach acid to flow back into the esophagus. This causes a burning-pain sensation. Fatty foods, onions, garlic, chocolate, peppermint, citrus fruits, and tomatoes can worsen heartburn, but food isn’t the root cause—nor will a bland diet ease all symptoms. Talk to your doctor about treatments:

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Answers: 1. False. The two don’t necessarily go hand in hand. For example, coconut oil, a product ingredient, is cholesterol-free but high in saturated fat. 2. False. Everyone age 20 and older should have a blood test to check for cholesterol levels at least every five years. 3. False. Heart disease is the top killer of men and women. Because cholesterol plays a role in heart disease, women must watch their levels, too. 4. True. Dietary cholesterol comes from animal products, not plant foods, such as peanuts.

Source: WebMD Guide to Cholesterol

Did you know?

There is no cholesterol in peanut butter. There is cholesterol in fruits and vegetables. The liver produces most of the blood cholesterol in your body.

Source: National Institutes of Health, the National Heartburn Alliance, and the National Heart Disease Disorders Community.

“Heartburn never turns into a serious health problem.”

“I’m sure it’s heartburn. I was wondering how long does it usually take to heal the esophagus?”

“I caused my heartburn by eating the wrong foods.”

“I can take as many antacids as I need to treat it.”

“I can cure heartburn by eating only bland foods.”

“I can take any tests to check for complications from heartburn or GERD?”

“I woke up with strong pain in my lower esophagus,” says a member of WebMD’s common digestive disorders community. “I’m sure it’s heartburn. I was wondering how long does it usually take to heal the esophagus?” Want to learn more? Take our quiz.

While lots of people get heartburn, most don’t understand what it is or the damage it can cause. “I woke up with strong pain in my lower esophagus,” says a member of WebMD’s common digestive disorders community. “I’m sure it’s heartburn. I was wondering how long does it usually take to heal the esophagus?” Want to learn more? Take our quiz.

Learning how to manage your cholesterol can be a big job—especially if cholesterol is high. “I have cut out cream in my coffee, red meat, which I didn’t eat a whole lot of anyway, and chocolate, ice cream and processed food such as cookies etc.,” writes ocpi1, a member of WebMD’s heart disease community. “Also I stopped eating eggs.” How much do you know about cholesterol?

“Weeks couldn’t go. I woke up with strong pain in my lower esophagus,” says a member of WebMD’s common digestive disorders community. “I’m sure it’s heartburn. I was wondering how long does it usually take to heal the esophagus?” Want to learn more? Take our quiz.

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If you have type 2 diabetes, you may have friends or family members who don’t understand your disease. Take the case of MockBe, a member of WebMD’s diabetes community. She is controlling her diabetes well, but lives with a man who does not have diabetes. “Every couple weeks, I have to deal with him yelling at me, telling me I like to be sick. He says he knows about diabetes and tells me I don’t take care of it right.” Are you living with people who don’t have diabetes? Ask them to take this quiz to test their type 2 IQ and learn more.

1. Eating too much sugar is the reason why people develop type 2 diabetes.  
   - True  
   - False

2. Diabetes affects only overweight people.  
   - True  
   - False

3. Type 2 diabetes occurs only in adulthood.  
   - True  
   - False

4. People with diabetes must go on a special diet.  
   - True  
   - False

5. If you have diabetes, you must inject insulin.  
   - True  
   - False

Answers: 1. False. Too much sugar isn’t the only culprit—eating too much fat and other unhealthy foods can cause type 2 diabetes, too.  
        2. False. Heavy people face a greater risk of type 2 diabetes, but even normal-weight and underweight people can get type 2 because it can run in families.  
        3. False. Type 2 diabetes used to affect mainly overweight adults over age 40. Now, rates are increasing among children and teens, many of whom are obese and inactive.  
        4. False. There is no special diabetes diet per se, but people with type 2 diabetes need to be extra careful to eat plenty of healthy, nutritious food.  
        5. False. Some people with type 2 diabetes can be treated with medications in pill form. Still others can avoid all drugs by maintaining a healthy weight and diet.

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You’re not one to rest on your laurels. You graduated magna cum laude from Harvard, won an Oscar at 28, and are now married with three kids. In addition to starring roles on stage and screen, you’re spokesperson for Diabetes Co-Stars, which educates people about the importance of family support in managing the disease. How has diabetes affected your life?

My dad [actor Paul Sorvino] has type 2 diabetes. He got diagnosed about five years ago and for the first couple of years didn’t tell any of us. And when he finally did we were alarmed because he wasn’t really taking care of himself. We’re living proof that family members and friends can make a huge difference. My dad definitely would not be doing as well as he is if we, his children, did not help him and encourage him and make suggestions about changes to his diet.

Has a health condition ever altered your daily life?

During my last pregnancy, I had placenta previa [when the placenta lies low in the uterus, partly or completely blocking the cervix] and I had to be on hospital bed rest for nine weeks. It made me really sympathetic to people who have chronic illnesses and spend a lot of time in hospitals because it was so lonely.

What is your favorite part of your body?

As a U.N. goodwill ambassador, you also work to combat child sex trafficking. What don’t most people know about this dark world?

Basically, slavery is alive and well—it’s just under a different name: human trafficking. Even in America, children are being bought and sold every day by unscrupulous people to unscrupulous people who will sleep with them and keep them in slave-like conditions. I’ve been on a campaign to change state laws so that they are seen as victims of crime, not “child prostitutes” who are criminals.

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In your new movie, Union Square, you play a woman with bipolar disorder. What did you learn about that disease?

I know some people with bipolar, and I tried to craft the character’s behavior on what I knew personally of them. They feel the world a little bit differently—things can hurt much more. But then also there can be these wonderful bursts of happiness and creativity and joyfulness that maybe other people don’t experience.

What is your best health habit?

I try to eat healthy. I avoid pesticides in food, and I try to eat organic as much as possible—and locally grown. I used to work out a lot more, but with the kids, there’s really not the time to do it every day.

What is your worst health habit?

I definitely like sugar too much. I used to eat a piece of cake instead of a meal—which is ridiculous. But I don’t do that now. I used to bake a lot, too, but I don’t do that anymore because I can’t resist the temptation.

What health habit do you wish you’d had as a younger person?

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WebMD Baby
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Jewel's new tune

The first-time mom sings the joys of caring for her youngest fan...
Can you get your pre-baby body back?

Shape Shifter

True or False?

My baby had to be whisked away when she was born. Did I lose the best chance for bonding?
The time after birth is important for creating a secure infant-mother attachment, but the idea that you forever lost a chance to bond is FALSE. Don’t feel guilty and anxious about what you couldn’t control. You have a whole lifetime to establish that bond.

I was in good shape before I got pregnant. How will I ever get my “old” body back after my baby is born?

Understandably, you may worry you’ll never have time to exercise again, but you will. All new mothers struggle with taking time for themselves. The trick is to make it a conscious decision—a priority—that you commit to do every day.

The American Congress of Obstetricians and Gynecologists suggests that if you were active before pregnancy and had a normal vaginal birth, you might be able to start walking and doing basic strengthening for the stomach, back, and pelvis as soon as you feel able. If you had a C-section, you may need to wait several weeks to start any activity.

You won’t be able to run five miles or bike 20 miles at first, of course. But start by walking (with your baby in a stroller, front carrier, or sling) within a few days of giving birth. Once you’re a little stronger and your doctor or midwife says it’s OK, look for a postnatal exercise class that welcomes babies. You might also invest in equipment or DVDs to use at home, so you can work out while your baby is sleeping.

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A

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My 2-month-old baby cries a lot. Could he have colic?

Babies cry and they often cry a lot. It’s the only way they can communicate their hunger, fatigue, pain, fear, or sense of being overwhelmed. So crying itself is very normal.

Colic, on the other hand, is unexplained, excessive crying in a healthy baby. For most babies with colic, the crying starts around 3 weeks of age and goes on for several hours a day, usually at the same time (often the late afternoon or early evening), at least several times a week. The crying seems to have no cause. The babies are fed, rested, and have a clean diaper, although they sometimes draw their legs up, which can make it look like they’re in pain.

Researchers aren’t sure exactly how many babies get colic (conventional wisdom says 20%, but the diagnostic method isn’t exact) or why babies get colic in the first place. But colic doesn’t last forever, and the crying intensity for most babies peaks at around 4 to 6 weeks, then subsides to normal levels (remember, they all cry) by about 3 months.

Without question, colic can be exhausting for parent and baby alike. Swaddling, rocking, singing, going for a car ride, and creating “white noise” in the background are all techniques that can help calm a colicky baby. But because constant crying can be a sign of an underlying medical problem, check with your doctor to rule out reflux, a hernia, or some other problem.
Jewel is used to performing to big crowds. Her sweet, soulful voice soars across packed concert halls around the world. But these days, the singer-songwriter plays to an audience of one—her youngest fan, Kase Townes Murray, born in mid-July.

Fortunately, Jewel has plenty of material to sing him to sleep after late-night feedings. Her 2009 album, ✪, is filled with enough angels, dreamers, and gentle melodies to soothe even the fussiest baby into slumber.

“I sing a lot of the songs off that album to him,” Jewel, 37, says. “Each one really represented something special for me that I wanted my child to know.”

Most of the lullabies on the album are originals, penned while she was trying to get pregnant. “I wrote and recorded ✪ almost thinking hopefully about a future child,” she recalls.

Years before she became a mom, Jewel already had a strong sense of the emotions having a child would stir up. In the song “Sweet Dreams for You,” she prophetically wrote, “…there once was a day it was gray in a world without you. To this heart, like a doll from above, a miracle of your love found me.”

“I tried to say it as clearly as I thought I’d feel and it definitely came true,” she says of the lyrics. “It is an amazing love and it really is a gift.”

Jewel’s own gift lies in her storytelling. Maybe it just comes naturally to someone whose personal history reads like a novel—or a verse lifted straight from a classic folk song. Raised by homesteaders in the Alaska wilderness, Jewel Kilcher spent her early years living in a barn with no heat or indoor plumbing. The musically gifted teen had no money to finance her journey to stardom, so she hopped trains cross-country. Her guitar was her meal ticket. She sang for food and busked for spare change.

Those rough-hewn early years helped Jewel stay levelheaded through her meteoric rise to fame. “I really feel like the chores and the hard work that I was raised with kept me grounded. I think it’s why I’ve never let fame or success go to my head, because I always returned to the land,” she says.

She came back to her roots with her husband, professional bull rider Ty Murray, who also knows a thing or two about working the land. He too is ranch-raised—a fifth-generation cowboy.

They plan to bring Kase up with the same kind of frontier work ethic. When he’s old enough, Kase will have to do his share of the chores on their 2,500-acre Texas ranch. “It was important to us to try to provide a life-style that helps him learn what work is and what being grounded is,” she says.

While Jewel is taking a break from her own chores on the ranch to care for Kase, she hasn’t stopped writing and recording songs. While she was pregnant, she wrote and produced a children’s CD, The Merry Goes ‘Round. The album, which Jewel describes as a mix of Dixieland, blues, folk, and grassroots country, are songs Kase can grow up with. “I didn’t talk down to children,” she says. “I tried to write well-crafted, well-written pop songs—they just happen to be whimsical and funny and entertaining, but not stupid.”

Unlike with previous releases, the singer-songwriter won’t be promoting her new album on a cross-country tour. Aside from a few scattered concert dates in the fall, she’s sticking close to home. For the next few months, her “work” will revolve around changing diapers and feeding her son, she says. “I look at this as the most important role of my life,” she says. “I think Ty and I both waited until the right time in our lives when we could afford to put my focus on.”

**JEWELS OF ADVICE**

The singer-songwriter and first-time mom shares a few tips for other new mothers.

Cut yourself some slack. “I think moms feel a lot of pressure to be perfect, or to lose the baby weight instantly, or to act like they have everything together and put on a brave face. You don’t.” Give yourself time to recover from your delivery and get to know your baby. “Try to be kind to yourself,” she suggests.

Live for today. Focus on the present with your baby—not the future. “Don’t have any expectations of how you think it’s supposed to go, so you can take each day as it comes.”

**WebMD.com**

Trade tips with other new moms in the parenting communities.

By Stephanie Watson, WebMD Contributing Writer

WebMD Senior Medical Editor

Reviewed by Louise Chang, MD

November/December 2011 | WebMD Baby

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Food chain

What to serve the first year

By Heather Hatfield, WebMD Contributing Writer

It’s OK to admit it, new parents: You’re feeling a bit frantic about feeding your baby. You’ll be relieved to know it doesn’t require a degree in nutrition science. From liquids—via breast or bottle—all the way up to starting solids, Jennifer Shu, MD, pediatrician and co-author of Food Fight: Winning the Nutritional Challenges of Parenthood Armed With Insight, Humor, and a Bottle of Ketchup, offers this basic guide to what your baby should eat and drink during the first year of life.

4 Months to 1 Year

Typically in months 4 through 6, it’s time to start solids. Think safety first—offer food that’s small, soft, and smooth to avoid choking as your baby learns the mechanics of chewing and eating.

• Be sure to keep old foods in the rotation to build up a well-rounded menu of flavors and textures.

• Hold off on giving your baby whole milk until 1 year. When it comes to introducing yogurt through, most pediatricians recommend waiting until your baby is 9 months or older. It’s processed, so the milk protein is more tolerable. Before this age, babies have a limited amount of lactase enzyme (which helps digest lactose).

• Routine, routine, routine. Feed your baby in the same place every meal, every day, while she is seated in a secured seat.

• Don’t let your baby eat on the run—it not only poses a choking hazard, but it also sets the stage for eating battles when she grows into toddlerhood.

Birth to 4 Months

Whether you decide to formula-feed, breast-feed, or use a mix of both, a liquid diet is all your baby needs for the first few months.

• For breast-feeding, let baby be the boss. Watch your baby’s cues to know how much and how often to feed her. If she starts turning her head or pushing away, she’s probably done. If she wakes up from a nap and starts sucking on her fingers, it’s time to feed again.

• For formula-feeders, always be sure to mix the formula according to the instructions on the label. And don’t forget to wash your hands before you handle the formula or bottle.

• Try to get your baby comfortable drinking liquids at room temperature or straight from the fridge so you can skip the step of heating them.

• Offer only the amount of formula you think your baby will finish at one sitting. Once the bottle has touched her mouth, it’s good for only about an hour, at which point bacteria starts to multiply in the bottle.

Going mobile

Our 6- to 9-month milestones guide

By Gina Shaw
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The second part of your child’s first year is filled with so many developmental changes that you may feel you need a constantly running video camera to record them all.

So what should your baby be doing, and when? Katherine Connor, MD, a pediatrician at the Harriet Lane Clinic of Johns Hopkins Children’s Center, says babies tend to develop “from the top down and from the middle out.” So while your baby spent his first six months getting control of his big, floppy head and his midsection—learning to roll over—he’ll spend the next six perfecting the use of his increasingly dexterous fingers and learning to get moving.

Connor urges parents to remember that all babies develop skills at their own pace. “There is a wide range of normal,” she says. “Many parents worry, for example, if their baby isn’t walking by a year, but in fact many babies don’t walk until well past their first birthday. What you want to see is continuous progression forward.” Here are some of the changes you can anticipate:

6 Months

Gross motor skills: Sits up on his own—without being propped—if you get him into a sitting position

Fine motor skills: Transfers objects from one hand to the other

Language skills: Babbles in a way that can sound tantalizingly like real words—“mama,” “dada,” “baba”

Social skills: Responds to you by looking toward you or smiling at you when you say his name

7 Months

Gross motor: Tries hard to move forward by scooting or “army crawling,” or rocking back and forth on all fours

Fine motor: Begins to scoop up small objects using a “rake grasp,” sweeping with all the fingers

Language: Imitates sounds you make to him, like raspberries, babble talk, and laughter

Social: Starts to enjoy eye contact and games like peek-a-boo

What development can you expect in the next few months?

9 Months

Gross motor: Gets into a sitting position on his own. Babies who do crawl usually start by now. (Not all babies crawl—don’t worry if yours doesn’t.)

Fine motor: Enables playing with objects

Language: Some babies start using babble words like “mama” and “dada” to refer to people. Don’t be surprised if he calls both parents “dada” for awhile.

Social: Learns to understand object permanence—that things still exist when he can’t see them. That may mean the start of separation anxiety, but don’t be concerned. Babies grow out of this phase.

9 Months

Gross motor: Tries to pull himself up to a standing position using furniture and other objects

Fine motor: Has mastered the rake grasp—picks up objects with all four fingers engaged

Language: Uses a lot of gestures like pointing, shaking his head, and nodding to communicate

Social: Stranger anxiety has kicked in. Babies who were happy going to a trusted sitter may suddenly melt down. This too shall pass.