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features



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56 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.



62 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 68

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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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.

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IF YOU HAVE **DIABETES**
WHAT YOU PUT HERE
CAN IMPACT YOUR GUM HEALTH



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

*vs ordinary, nonantibacterial toothpaste.

†Colgate Total® toothpaste is approved through the New Drug Application process to help prevent gingivitis. Not approved for the prevention or treatment of serious gum disease or other diseases. The American Dental Association Council on Scientific Affairs' Acceptance of Colgate Total® Gum Defense toothpaste is based on its finding that the product is effective in helping to prevent and reduce tooth decay, gingivitis and plaque above the gumline, and bad breath, and to whiten teeth by removing surface stains, when used as directed.



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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 **Raising 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 (politics!, 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 should be talking about, but also things like stress, emotions, and a good night's sleep.

And we made it fun. With the extra family time you have this holiday season, go online and visit one of the **fit** destinations with your child. Once you dive into the games, quizzes, and videos, you'll be hooked—and, more important, so will your kid.

Let's turn those survey results around. Maybe the birds and the bees will once again be harder to talk about than the soda and the fries!

Happy holidays from everyone at WebMD.

Colleen Paretty

Colleen Paretty
Executive Editor, WebMD the Magazine



ROBERT HOUSER

Do any of these overactive bladder symptoms sound familiar?



Once I get the sudden urge to go to the bathroom, I can't wait.

YES NO

I worry I might accidentally leak and sometimes wear pads.

YES NO



Sometimes my bladder symptoms get in the way of things I like to do.

YES NO

I've had enough, and I'm ready to do something about my urges and leaks.

YES NO



If you answered "YES" to any of these, talk to your doctor about your symptoms and whether or not VESicare may be right for you.

Only your doctor can determine if you have overactive bladder. Once-daily VESicare is proven to treat overactive bladder with symptoms of frequent urges and leaks.* That's because it can help control your bladder muscle, day and night. So ask your doctor about taking care with VESicare.

*Results may vary.

USE AND DOSE

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

IMPORTANT SAFETY INFORMATION

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

Please see Important Patient Information on the following page.

FIRST 30-DAY PRESCRIPTION FREE[†]
at vesicare.com, or call (800) 403-6565.

[†]Subject to eligibility. Restrictions may apply.

To learn about financial assistance programs for VESicare, please call Astellas Reimbursement Services at 1-800-477-6472 or go to www.astellasreimbursement.com
VS2749R0/011B-053-3074



Take care with
VESicare
(solifenacin succinate)
tablets

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.



Brief Summary based on FDA Approved Patient Labeling

VESicare® (VES-ih-care) (solifenacin succinate) tablet

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**:

- Urgency: a strong need to urinate right away
- Leakage: leaking or wetting accidents—also called “urinary incontinence”
- Frequency: urinating often

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

What is overactive bladder?

Overactive bladder occurs when you cannot control your bladder contractions. When these muscle contractions happen too often, or cannot be controlled, you can get symptoms of overactive bladder, which are urinary frequency, urinary urgency, and urinary incontinence (leakage).

Who should NOT take VESicare?

Do not take VESicare if you:

- are unable to empty your bladder (urinary retention)
- have delayed or slow emptying of your stomach (gastric retention)
- have an eye problem called “uncontrolled narrow-angle glaucoma”
- are allergic to solifenacin succinate or any of the ingredients in VESicare.

What should I tell my doctor?

Before taking VESicare, tell your doctor if you:

- have any stomach or intestinal problems or problems with constipation
- have trouble emptying your bladder or you have a weak urine stream
- have an eye problem called “narrow-angle glaucoma”
- have kidney or liver problems
- have a rare heart problem called “QT prolongation”
- are pregnant or plan to become pregnant. It is not known if VESicare will harm your unborn baby.
- 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 breastfeed.

Tell your doctor about all 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 your doctor tells you to take it.

- Take 1 VESicare tablet 1 time a day.
- Take VESicare with water and **swallow the tablet whole**.
- You can take VESicare with or without food.
- If you miss a dose of VESicare, begin taking VESicare again the next day. Do not take 2 doses of VESicare the same day.
- If you take too much VESicare, call your doctor or go to the nearest hospital emergency room right away.

What should I avoid while taking VESicare?

VESicare can cause blurred vision or drowsiness. 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
 - severe itching
 - swelling of your face, mouth or tongue
 - trouble breathing

The **most common side effects** of VESicare include:

- dry mouth
- constipation. Call your doctor if you get severe stomach area (abdominal) pain or become constipated for 3 or more days.
- urinary tract infection
- blurred vision
- heat exhaustion or heat stroke. This can happen when VESicare is used in hot environments. Symptoms may include:
 - decreased sweating
 - dizziness
 - tiredness
 - nausea
 - increase in body temperature

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

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

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

How should I store VESicare?

- Keep the bottle closed.
- 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.

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

This is a summary of the most important information about VESicare. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about VESicare that is written for health professionals.

For more information, visit www.vesicare.com or call (800) 727-7003.

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WEBMD.COM EXECUTIVE EDITOR • Sean Swint	
BOOKINGS DIRECTOR • Wendy Zipes Hunter wendy@celebrity-concepts.com • 954-344-0912	
CONTRIBUTING WRITERS • Christina Boufis, Daniel J. DeNoon, Jennifer Dixon, Heather Hatfield, Katherine Kam, Lauren Paige Kennedy, Susan Kuchinskas, Matt McMillen, Erin O'Donnell, Monica Kass Rogers, Gina Shaw, Stephanie Watson	
COMMUNITY EDITORS • Leona Perry, Kathy Williams	
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MANAGEMENT OF EDITORIAL, DESIGN, AND PRODUCTION	
 1129 20th Street, N.W., Suite 700 Washington, D.C. 20036 • 202-331-7700	

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VICE PRESIDENT, PUBLISHER • Heidi Anderson handerson@webmd.net	
ASSOCIATE PUBLISHER • Dawn Carey dcarey@webmd.net • 212-624-3901	
GROUP VP, SALES OPERATIONS • Jonathan Katz	
BUSINESS MANAGER • John Krzeminski	
ADVERTISING SALES	
NEW YORK	
Patria Rodriguez-Cervantes • pcervantes@webmd.net • 212-417-9542	
Alisa Feiner • afeiner@webmd.net • 212-624-3897	
Pete Holfelder • pholfelder@webmd.net • 646-674-6825	
Patti Mrozowski • pmrozowski@webmd.net • 212-624-3750	
CHICAGO	
Carol Matthias • cmatthias@webmd.net • 312-416-9277	
Meghan Rice • mrice@webmd.net • 312-416-9276	
WEST COAST	
Elise Perlmutter • eperlmutter@webmd.net • 424-248-0616	
MARKETING	
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COLD CASE

Get ready for the season



healthy eats

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.

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.



fit tip

DIABETES AWARENESS

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.



skin care

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 **TheraSeal Hand Protection** (\$17) or **AmLactin Foot Cream Therapy** (\$7). For sweaty toes, try applying foot powder or antiperspirant (yes, to your feet).

give back



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2. As of May 2010 among leading brands in U.S.A.; comparison vs. OneTouch[®] Ultra[®] test strip with OneTouch[®] Ultra[®]2 meter.
3. Versus original FreeStyle Lite Test Strips. Study conducted in August 2009. Data on file, Abbott Diabetes Care Inc.

Abbott
A Promise for Life

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.

Source: Department of Health and Human Services



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.

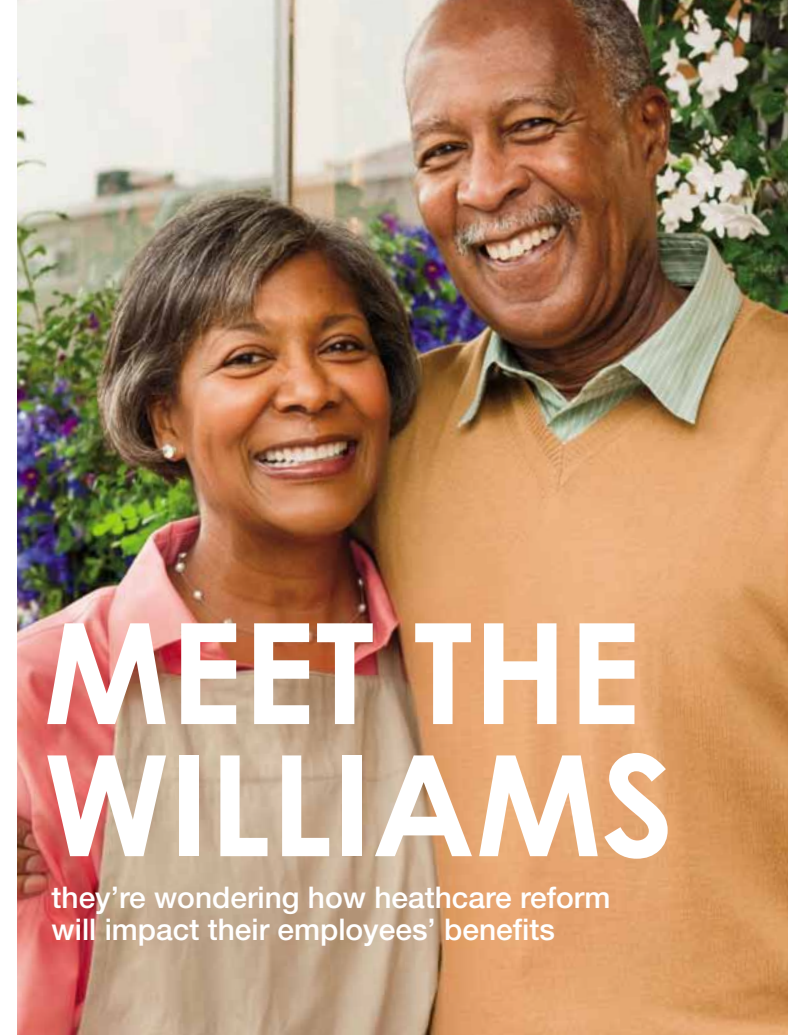
Source: Economic and Social Research Council; *Journal of Epidemiology and Community Health*

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*



TOP RIGHT: JIM ARBOGAST/GETTY IMAGES; SIRI STAFFORD/GETTY IMAGES



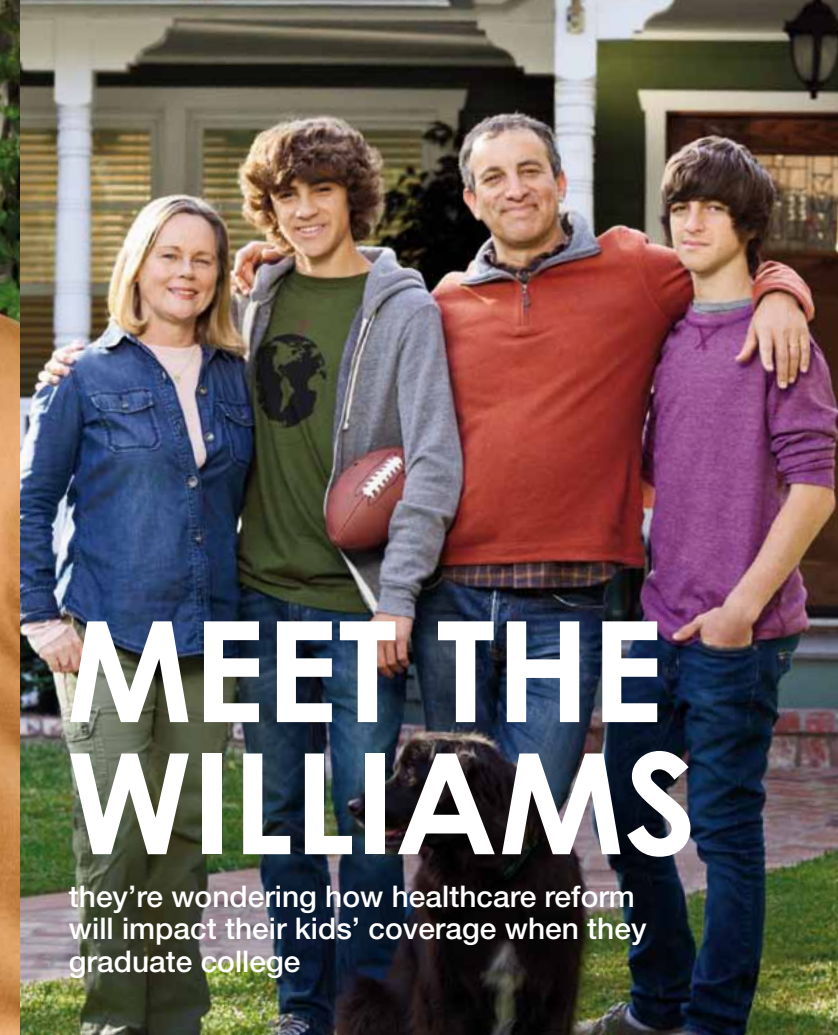
MEET THE WILLIAMS

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.

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BIG SHOTS

After a slight dip in 2009, national vaccine rates for toddlers have pretty much held steady, according to a recent CDC survey. At least 90% of American toddlers get the recommended vaccines against chickenpox, measles, polio, and hepatitis B. That's encouraging for a country in the midst of some of the worst outbreaks of measles and whooping cough in years. Low vaccination rates can lead to a resurgence of diseases among children who aren't vaccinated.

The high vaccination rates occurred in all populations, regardless of race and ethnicity.

The number of children who have not received any vaccinations rose slightly, from 0.6% to 0.7%, but is still below the CDC's goal of no more than 1% of children who are not vaccinated in the United States.

BLEND/GLOW IMAGES

Source: Morbidity and Mortality Weekly Report



Top of Mind

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.

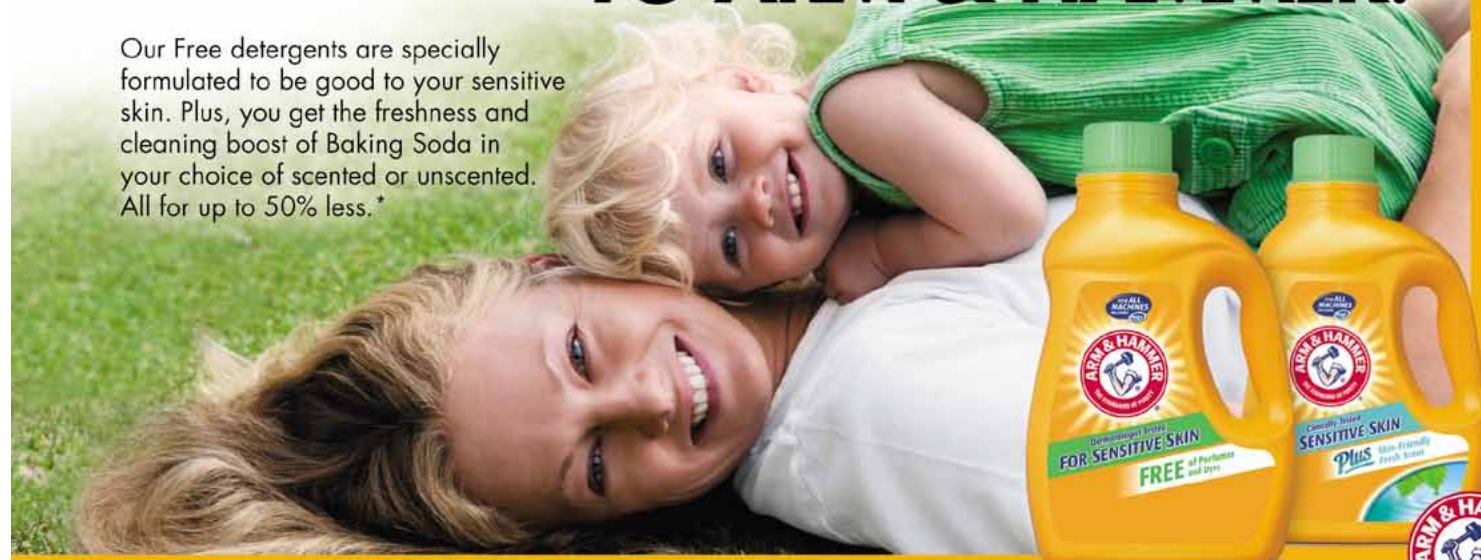
Lack of exercise is the biggest problem among Americans, contributing to 21% of preventable cases of Alzheimer's disease. Depression is the second-biggest contributor at 15%, followed by smoking at 11%.

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

BLEND/GLOW IMAGES

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Tired of Trying?

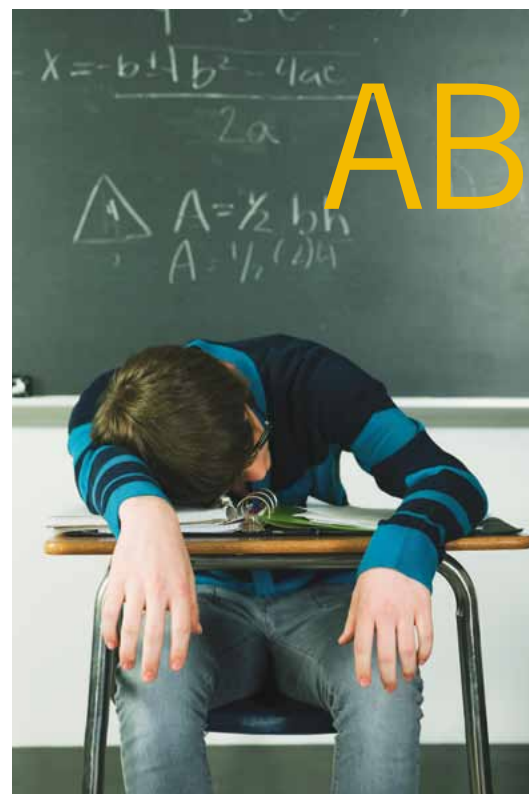
If you have internal belly fat, aerobic exercise is the best way to get rid of it, a new study shows. This type of fat (also called visceral fat) is associated with heart disease, diabetes, and other health problems. (The external belly fat known as “muffin tops” or “love handles” is subcutaneous fat, 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 8 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



ABZZZ's

Teens who don't get enough sleep on school nights are more than groggy and irritable. They're also more likely to engage in risky behaviors, says the CDC.

In the first study to link lack of sleep to health habits, the researchers found that high school students who sleep less than eight hours on school nights are more likely to drink alcohol, smoke cigarettes, and consider suicide. They're also more likely to smoke pot, be sexually active, use computers for more than three hours a day, be sedentary, and get into physical fights. That's because sleep deprivation may decrease

teens' ability to understand the consequences of risky behavior. It may also increase their susceptibility to peer pressure, the researchers say.

The National Sleep Foundation recommends 8.5 to 9.25 hours of sleep for children ages 10 to 17. The CDC study showed that nearly 70% of high school students don't get that much sleep on school nights. In a press release, one of the researchers suggested that delayed school start times could help solve the problem.

Source: CDC

30 The percentage by which emergency room visits for medication poisoning in children ages 5 and younger increased between 2001 and 2008

Source: The Journal of Pediatrics



CLOCKWISE FROM TOP LEFT: STOCKSPERVEER; IMAGESOURCEGLOW IMAGES; ION BOGDAN DIMITRESCU/GETTY IMAGES



CLOTHES CALL

Germs lurk on any surface, even in the cleanest-looking environments—including on those super-clean-looking uniforms hospital doctors and nurses wear.

Israeli researchers found that more than 60% of doctors' and 65% of nurses' coats and uniforms have potentially dangerous bacteria on them. Worse, 14% of the nurses' uniforms and 6% of the doctors' uniforms contain antibiotic-resistant bacteria. In fact, the researchers found that 29% of clothing changed only every two days contained antibiotic-resistant bacteria, compared with 8% on garb changed daily.

Source: American Journal of Infection Control

50 The percentage of U.S. children ages 1 to 5 years who are read to by a family member once a day.



Researchers believe this is key to a kid's later reading success

Source: Joint Position Statement: International Reading Association and National Association for the Education of Young Children

CLOCKWISE FROM TOP LEFT: RAGNAR SCHMUCK/CORBIS; RW PHOTOGRAPHIC/MASTERFILE



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.
- **Offsetting** 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

Most people know that sugar-sweetened beverages (think soda and sweetened bottled waters) aren't the healthiest drinks around. Yet half of all Americans over age 2 drink two of these beverages on any given day, says the CDC.

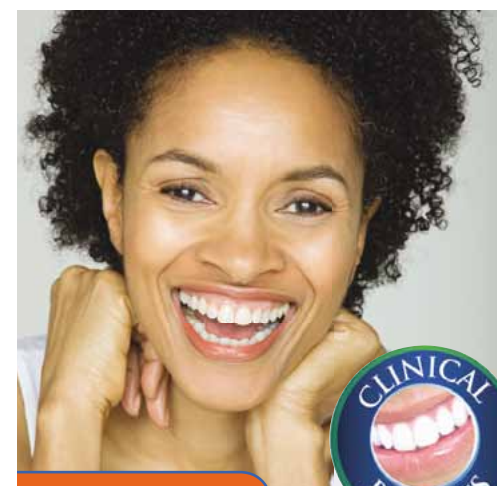
Researchers found that teens and young adults consume the greatest quantity of sugary beverages (which in this study included fruit drinks, sodas, energy drinks, sports drinks, and sweetened bottled waters). Boys ages 2 to 19 drink the most—70% down at least one sugary drink per day. Adult women drink the least, with only 40% reaching for the sugar-sweetened drinks during the day.



Because sugary beverages are linked to weight gain, obesity, poor diet, and type 2 diabetes, the American Heart Association recommends drinking no more than 450 calories a week of sugar-sweetened drinks—slightly less than the calories in three 12-ounce colas. But the CDC research shows that, overall, teen boys average 273 calories from sugary drinks per day (slightly less than two colas). Teen girls drink about 171 calories a day (slightly more than one cola).

Source: CDC National Center for Health Statistics

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New GUM® PerioBalance® daily, dental probiotic mint-flavored lozenge contains Prodentis™, a blend of naturally occurring probiotics that help control excess bad bacteria that can lead to poor oral health. GUM® PerioBalance® can help you achieve a balanced oral environment that is essential for healthy teeth and gums.

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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.

TOY STORY

At the risk of piling on, I would not be concerned about your son clinging to a cherished transitional object, such as this stuffed animal. My daughter slept with the torn and tattered remains of her baby blanket well into high school. She ultimately gave it up spontaneously before college—though you can bet it was not discarded, just put away. If all else is good with your teen, put this issue far out of your mind. It's normal. Some kids (and adults) just like to have something comforting of a personal nature around them.



Andrew Adesman, MD
WebMD CHILDREN'S HEALTH EXPERT

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 would not be discovered. Is this normal? And what should we do? **4xdad**

Posted by **Emmyl**

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 **dgarner11**

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 **21sweetie**

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 pillow but the nurse said, "It's OK, I know it's a blankie."

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.

SOME THINGS IN LIFE YOU CAN'T CONTROL.

LOWERING YOUR RISK OF INFECTION DURING CANCER TREATMENT, YOU CAN.

The risk of infection during cancer treatment can be very high. And infections can delay your treatment or stop it altogether. So do everything you can to get healthy, stay healthy, stay strong. Talk to your doctor and go to chemotherapy.com right now. Some things you can't control. But this, you can.



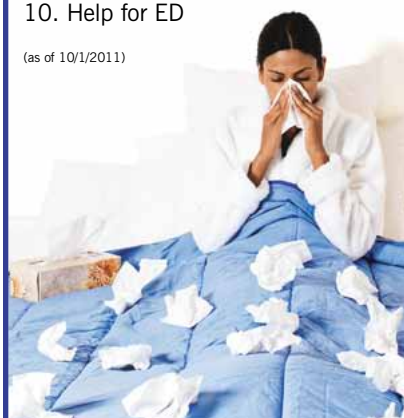
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TOP SEARCHES

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

(as of 10/1/2011)



Host With the Most

Eat, drink, and be...healthy? Impossible during the holidays, right? Not so. Find **crowd-pleasing, diet-friendly party-food tips** in WebMD's "Healthy Holidays" video.

LEFT: BLENDGLOW IMAGES; JILL CHENGETTY IMAGES

healthy holidays video [WebMD SEARCH](#)

Plantar Warts

TOP SYMPTOMS INCLUDE

- 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.

symptomchecker



Key in your symptoms

[FIND THE ANSWER](#)

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In just a few clicks, customize a plan to help you reach your weight and fitness goals. Studies have shown that people who keep a food journal lose twice the weight than those who rely on diet and exercise alone.*

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So start planning today.

[Get Started](#)

*American Journal of Preventive Medicine, August 2008



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.

cosmetic procedures

WebMD SEARCH



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**.

parenting communities

WebMD SEARCH



CLOCKWISE FROM TOP: LEFT, DAVIES AND STARR/GETTY IMAGES; MOMO PRODUCTIONS/GETTY IMAGES; MATHIEU SPONHGETTY IMAGES



Diabetes Awareness Month

November

A month of tips to boost your diabetes management smarts

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 FIT FACTS Work up a sweat today—at home, at the gym, on a bike, wherever. Check your glucose levels before you begin. Exercise—30 minutes most days should do it—is key to controlling your diabetes.		3 	4	5 CHECK IN Keep your blood glucose levels in a healthy range , between 70 and 130 before meals.
	6 VEGGIE MIGHT What's your favorite veggie ? Buy double your usual amount at the grocery store and add it to meals two to three times this week. 	9 		11 FEET FIRST Keep a close eye on your feet, a prime target of diabetes. Scan both your feet daily and see a doctor right away if anything's wrong. 		
13	14 World Diabetes Day	15	16 ALL IN Lifestyle changes begin at home. Make sure the whole family is part of the diabetes plan. 		19	
20	21 TWO TIME Exercise is better with a buddy. Take a brisk walk with your spouse. Hit the gym with a friend! 	23	24 	25 BACK TO BASICS Overindulged yesterday? Don't beat yourself up! Today, choose fruits and vegetables, whole grains and fish, and "good" fats such as avocados, walnuts, and olives. 		
	28 TAKE A CLASS Many health centers offer free diabetes classes . Learn more about living with the disease and meet others who are coping like you are. 	30 GET INVOLVED! Go to www.stopdiabetes.com to find events in your area. Or visit www.facebook.com/americanidiabetesassociation and pledge to help fight the disease.				

BIKE: DIETER SPEARS/GETTY IMAGES; SQUASH: JIM FRANCO/GETTY IMAGES; FEET: SIMON BATTENBY/GETTY IMAGES; FAMILY: JOSE LUIS PELAEZ/GETTY IMAGES; YOGA: UPPERCUT/GETTY IMAGES; TURKEY: TAMARA STAPLES/GETTY IMAGES; FORK: JONATHAN KANTOR STUDIO/GETTY IMAGES

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

Help Amelie.
Donate Now at yourdollarourfuture.org



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 left 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.



Brunilda Nazario, MD
WebMD LEAD MEDICAL EDITOR

I've always heard that poinsettias are poisonous to kids and pets. My husband says that's hogwash. Who's right?



Like the Christmas myths about Santa Claus, flying reindeer, and a toy workshop in the North Pole, the belief that poinsettias are poisonous is **FALSE**.

No one is sure how this myth started, although it's often attributed to the 1919 death of a girl whose parents thought she had eaten poinsettia leaves. The truth is, a kid would have to eat about 500 poinsettia leaves to get sick. "There haven't been any deaths reported due to eating poinsettia leaves," says Michael Wahl, MD, medical director of the Illinois Poison Center.

That's not to say they're harmless. If he eats enough poinsettia leaves (say five), your child may become nauseated or throw up. But he's not going to die. And he's probably not going to eat more than one or two bites in the first place because the leaves are "reported to have an unpleasant taste," Wahl says.

Here's what you *should* worry about during the holidays: holly berries (which are toxic), alcohol left over in glasses, and small ornaments that look like food.



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.



Michael Dansinger, MD
WebMD DIABETES EXPERT

LEFT: SEAN JUSTICE/GETTY IMAGES; RIGHT: GLOW IMAGES

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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.

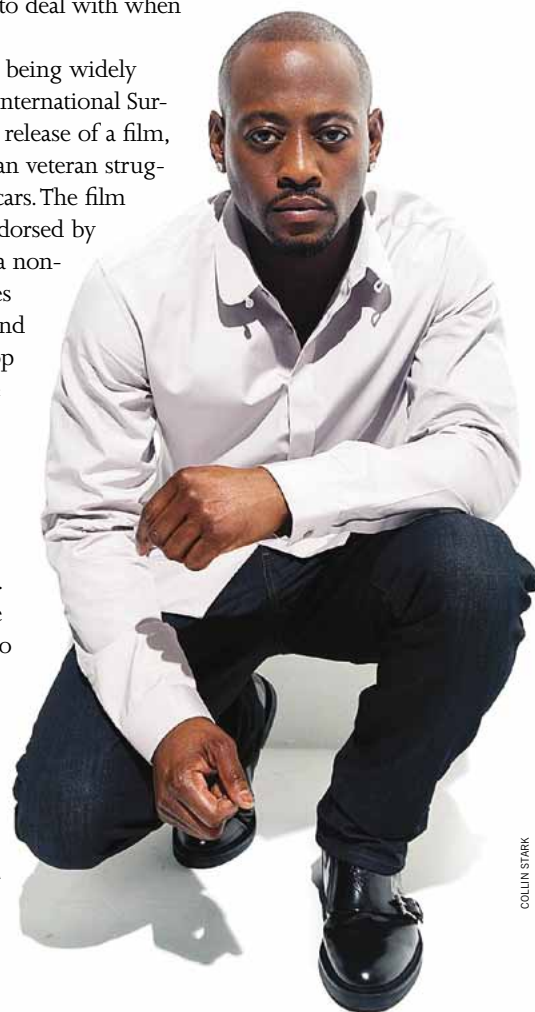
An estimated 6,000 veterans take their own lives each year. Male veterans are about one and a half times more likely to commit suicide than non-veterans, according to the Department of Veterans Affairs. The rate for women who have served in the military is nearly three times that of other women. And 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

Omar Epps appears in a powerful PSA
series about suicide prevention.



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Take Care



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

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 3 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!

THOMAS ALLEMAN

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.

TED MORRISON

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



Read more stories and share your own in our [communities](#).  WebMD.com



Not actual patients.

**Why do you want a greater chance
to be cured of the hepatitis C virus?**

“TO MOVE FORWARD”

No matter why you want to fight chronic hep C, there's promising news for adults with genotype 1 who have been treated before. VICTRELIS combination therapy offers a greater chance of cure for some patients versus treatment with peginterferon alfa and ribavirin (peg/riba) alone. “Cure” means you have cleared the hep C virus (it is not detectable in your blood 6 months after completing all treatment).

In clinical studies with patients who have been treated before, the number who cleared the virus nearly tripled when VICTRELIS was added to peg/riba.

- 59% to 66% of patients cleared the virus with VICTRELIS plus peg/riba versus 23% with peg/riba alone.

The total time on chronic hep C medicines may be shortened for some patients. Treatment can range from 36 weeks to 48 weeks. Before and during treatment, your doctor will do blood tests. These tests will check for side effects and also tell you early on how well treatment is working and how long you may need to be on it.

**The time is now.
Talk to your doctor today.**

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.



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victrelis.com

MEDICATION GUIDE

VICTRELIS™ (vīc-TRÉL-īs) (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 those Medication Guides.

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

VICTRELIS, in combination with peginterferon alfa and ribavirin, may cause birth defects or death of 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, peginterferon alfa, and ribavirin combination therapy and for 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, peginterferon alfa, and ribavirin. Hormonal forms of birth control, such as birth control pills, vaginal rings, implants and injections, may not work as well during treatment with VICTRELIS. You may get pregnant while using these birth control methods while on VICTRELIS. Talk to your healthcare provider about other forms of birth control that may be used during this time.
- Females must have a pregnancy test before starting treatment with VICTRELIS combination therapy, every month while being treated, and every month for 6 months after treatment with VICTRELIS, peginterferon alfa, and ribavirin is over.
- If you or your female sexual partner becomes pregnant while taking VICTRELIS, peginterferon alfa, and ribavirin or within 6 months after you stop taking these medicines, tell your healthcare provider right away. You or your healthcare provider should contact the Ribavirin Pregnancy Registry by calling 1-800-593-2214. The Ribavirin Pregnancy Registry collects information about what happens to mothers and their babies if the mother takes ribavirin while she is pregnant.
- **Do not take VICTRELIS alone to treat chronic hepatitis C infection.** VICTRELIS must be used with peginterferon alfa and ribavirin to treat chronic hepatitis C infection.

What is VICTRELIS?

VICTRELIS is a prescription medicine used with the medicines peginterferon alfa and ribavirin to treat chronic (long-lasting) hepatitis C infection in adults who have not been treated before or who have failed previous treatment.

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

Who should not take VICTRELIS?

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

Do not take VICTRELIS if you:

- take certain medicines. **VICTRELIS may cause serious side effects when taken with certain medicines.** Read the section “What should I tell my healthcare provider before taking VICTRELIS?”

Talk to your healthcare provider before taking VICTRELIS if you have any of the conditions listed below.

What should I tell my healthcare provider before taking VICTRELIS?

Before you take VICTRELIS, tell your healthcare provider if you:

- have certain blood disorders such as anemia (low red blood cell count).
- have liver problems other than hepatitis C infection.
- have human immunodeficiency virus (HIV) or any other immunity problems.
- have had an organ transplant.
- plan to have surgery.
- have any other medical condition.
- are breastfeeding. It is not known if VICTRELIS passes into breast milk. You and your healthcare provider should decide if you will take VICTRELIS or breastfeed. You should not do both.

Tell your healthcare provider 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 side effects or affecting the way VICTRELIS and your other medicines work. Do not start taking a new medicine without telling your healthcare provider or pharmacist.

Do not take VICTRELIS if you take:

- alfuzosin hydrochloride (UROXATRAL®)
- anti-seizure medicines:
 - carbamazepine (CARBATROL®, EPITOL®, EQUETRO®, TEGRETOL®, TEGRETOL® XR, TERIL™)
 - phenobarbital
 - phenytoin (DILANTIN®)
- cisapride (PROPULSID®)
- drospirinone-containing medicines, including:
 - YAZ®, YASMIN®, ZARAH®, OCELLA®, GIANVI®, BEYAZ®, SAFYRAL™
- ergot-containing medicines, including:
 - dihydroergotamine mesylate (D.H.E. 45®, MIGRANAL®)
 - ergonovine and methylergonovine (ERGOTRATE®, METHERGINE®), ergotamine

- ergotamine tartrate (CAFERGOT®, MIGERGOT®, ERGOMAR®, ERGOSTAT, MEDIHALER ERGOTAMINE, WIGRAINE, WIGRETTES)
- lovastatin (ADVICOR®, ALTOPREV®, MEVACOR®)
- midazolam (VERSED), when taken by mouth
- pimozide (ORAP®)
- rifampin (RIFADIN®, RIFAMATE®, RIFATER®, RIMACTANE)
- sildenafil (REVATIO®), when used for treating lung problems
- simvastatin (SIMCOR®, VYTORIN®, ZOCOR®)
- St. John’s Wort (Hypericum perforatum) or products containing St. John’s Wort
- tadalafil (ADCIRCA®), when used for treating lung problems
- triazolam (HALCION®)

Tell your healthcare provider if you are taking or starting to take any of these medicines:

- clarithromycin (BIAXIN®, BIAXIN® XL, PREVPAC®)
- dexamethasone
- efavirenz (SUSTIVA®, ATRIPLA®)
- itraconazole (SPORANOX®)
- ketoconazole (NIZORAL®)
- posaconazole (NOXAFIL®)
- rifabutin (MYCOBUTIN®)
- ritonavir (NORVIR®, KALETRA®)
- voriconazole (VFEND®)

Your healthcare provider may need to monitor your therapy more closely if you take VICTRELIS with the following medicines. Talk to your doctor if you are taking or starting to take these medicines:

- alprazolam (XANAX®)
- amiodarone (CORDARONE®, NEXTERONE®, PACERONE®)
- atorvastatin (LIPITOR®)
- bepridil (VASCOR)
- bosentan (TRACLEER®)
- budesonide (PULMICORT®, PULMICORT FLEXIHALER®, RHINOCORT®, PULMICORT RESPULES®, SYMBICORT®)
- buprenorphine (BUTRANS®, BUPRENEX®, SUBOXONE®, SUBUTEX®)
- cyclosporine (GENGRAF®, NEORAL®, SANDIMMUNE®)
- desipramine (NORPRAMIN®)
- digoxin (LANOXIN®)
- felodipine (PLENDIL®)
- flecainide (TAMBOCOR®)
- fluticasone (VERAMYST®, FLOVENT® HFA, FLOVENT® DISKUS, ADVAIR® HFA, ADVAIR DISKUS®)
- hormonal forms of birth control, including birth control pills, vaginal rings, implants and injections
- methadone (DOLOPHINE®)
- nifedipine (PROCARDIA®, ADALAT® CC, PROCARDIA XL®, AFEDITAB® CR)
- nicardipine (CARDENE® SR, CARDENE®)
- propafenone (RHYTHMOL, RHYTHMOL SR®)
- quinidine
- salmeterol (ADVAIR® HFA, ADVAIR DISKUS®, SEREVENT®)
- sirolimus (RAPAMUNE®)
- tacrolimus (PROGRAF®)
- voriconazole (VFEND®)
- colchicine (COLCRYS®, Probenecid and Colchicine, COL-Probenecid)
- trazadone (DESYREL®)
- vardenafil (STAXYN®, LEVITRA®)
- warfarin (COUMADIN®)

How should I take VICTRELIS?

- Take VICTRELIS exactly as your healthcare provider tells you. Your healthcare provider will tell you how much to take and when to take it.
- Take VICTRELIS with food (a meal or light snack).
- VICTRELIS is packaged into single daily-use bottles. Each bottle has your entire day’s worth of medicine. Make sure you are taking the correct amount of medicine each time.
- If you miss a dose of VICTRELIS and it is less than 2 hours before the next dose, the missed dose should be skipped.
- If you miss a dose of VICTRELIS and it is more than 2 hours before the next dose, take the missed dose with food. Take your next dose at your normal time and continue the normal dosing schedule. Do not double the next dose. If you have questions about what to do, call your healthcare provider.
- Your healthcare provider should do blood tests before you start treatment, at weeks 4, 8, 12, and 24, and at other times as needed during treatment, to see how well the medicines are working and to check for side effects.
- If you take too much VICTRELIS, call your healthcare provider or go to the nearest hospital emergency room right away.

What are the possible side effects of VICTRELIS?

VICTRELIS may cause serious side effects, including:

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

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 in combination with peginterferon alfa and ribavirin include:

- tiredness
- nausea
- headache
- change in taste

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

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

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

GENERAL INFORMATION ABOUT THE SAFE AND EFFECTIVE USE OF VICTRELIS.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

Do not use VICTRELIS for a condition for which it was not prescribed. Do not give VICTRELIS to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about VICTRELIS. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about VICTRELIS that is written for health professionals.

For more information, go to www.victrelis.com or call 1-877-888-4231.

This Medication Guide has been approved by the U.S. Food and Drug Administration.



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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.

Reviewed by
Laura J. Martin, MD
WebMD MEDICAL EDITOR



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

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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 called biologics can be very effective. These drugs block certain proteins in the body that cause inflammation.

3 BESIDES MEDICATION, WHAT ELSE WORKS?

In almost any pain or arthritis study, about 20% to 30% of patients have



It's really important to maintain range of motion and stay physically active if you have joint disease.

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 any chronic disease and especially a disease of the joints such as RA. Swimming is a great exercise. Using elliptical machines rather than running and pounding the pavement is another example of getting a good aerobic

workout without having high impact on inflamed joints.

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 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.

Another area is trying to understand when RA actually begins. There's a lot of evidence that the evolution of RA is something that occurs over many years. And we would like the ability to intercede early on in the disease or even before people have symptoms. ■

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I REFUSE TO SURRENDER TO RA

"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**

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.

 **ACTEMRA®**
tocilizumab

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- **Stories from other people taking ACTEMRA**
- **A Treatment Tracker to help you monitor your progress and have 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**

Please see Brief Summary of full Prescribing Information, including **Boxed Warning** and Medication Guide, for important safety information on following pages.

ACTEMRA
tocilizumab

For more information about ACTEMRA, visit ACTEMRA.com or call (800) ACTEMRA.

Once you've completed the questionnaire, detach it and moisten the edges. Refold, seal and mail it back. No postage is required. In order to receive information, you must be over 18 years of age.

Name _____ Address _____

City _____ State _____ ZIP _____ E-mail _____

Phone _____ Year of birth _____ Gender ☐ M ☐ F

Please answer the questions below so that we may provide the communications most relevant to you.

Are you a patient or caregiver?	<input type="radio"/> Patient	<input type="radio"/> Caregiver
Have you/Has the person you care for been diagnosed with RA?	<input type="radio"/> Yes	<input type="radio"/> No
Have you/Has the person you care for been prescribed medication for RA?	<input type="radio"/> Yes	<input type="radio"/> No

Please think about the past week and indicate your ability to perform the following daily activity using the scale below.

In the past week, how able were you to get into and out of a car?			
<input type="radio"/> Without Any Difficulty	<input type="radio"/> With Some Difficulty	<input type="radio"/> With Much Difficulty	<input type="radio"/> Unable to Do

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

Do not take ACTEMRA if you are allergic to tocilizumab, or any of the ingredients of ACTEMRA. Talk to your doctor if you have any questions.

FOLD IN FIRST →

Have you taken any of these medications? (Please check all that apply)

	Currently Taking	Formerly Took
ACTEMRA® (tocilizumab)	<input type="radio"/>	<input type="radio"/>
Cimzia® (certolizumab pegol)	<input type="radio"/>	<input type="radio"/>
Enbrel® (etanercept)	<input type="radio"/>	<input type="radio"/>
Humira® (adalimumab)	<input type="radio"/>	<input type="radio"/>
Kineret® (anakinra)	<input type="radio"/>	<input type="radio"/>
Orencia® (abatacept)	<input type="radio"/>	<input type="radio"/>
Remicade® (infliximab)	<input type="radio"/>	<input type="radio"/>
Simponi® (golimumab)	<input type="radio"/>	<input type="radio"/>
Other biologics	<input type="radio"/>	<input type="radio"/>
Methotrexate or other traditional DMARDs (Arava® (leflunomide), Plaquenil® (hydroxychloroquine), etc)	<input type="radio"/>	<input type="radio"/>
None of the above	<input type="radio"/>	<input type="radio"/>

How long have you been taking the current treatment?

<input type="radio"/> 1-3 months	<input type="radio"/> 1 to 2 years
<input type="radio"/> 4-6 months	<input type="radio"/> 2+ years
<input type="radio"/> 7-12 months	<input type="radio"/> Not on treatment

Brand names mentioned above are registered trademarks of their respective companies.

Please see Brief Summary of full Prescribing Information, including **Boxed Warning** and Medication Guide, for important safety information on following pages.

Which of the following best describes how you discussed your current RA treatment with your doctor? (Select one)

My doctor presented multiple treatment options and asked for my preference.	<input type="radio"/>
My doctor presented multiple treatment options and then made a recommendation.	<input type="radio"/>
My doctor presented a single treatment and I agreed to it.	<input type="radio"/>
My doctor and I discussed a medication that I had specifically asked for.	<input type="radio"/>
Other	<input type="radio"/>

What type of physician are you seeing?

<input type="radio"/> Rheumatologist	<input type="radio"/> Primary Care Physician	<input type="radio"/> Other
--------------------------------------	----------------------------------------------	-----------------------------

For this next question, we are now going to discuss a specific group of prescription drugs for RA known as biologic disease-modifying antirheumatic drugs, or biologic DMARDs. As you may know, these drugs help to relieve pain and inflammation by working on the body's immune system and are administered by a self-injection or by intravenous (IV) infusion.

Prior to today, how familiar were you with the group of RA drugs known as biologic DMARDs?

<input type="radio"/> Extremely Familiar	<input type="radio"/> Very Familiar	<input type="radio"/> Somewhat Familiar	<input type="radio"/> Not Very Familiar	<input type="radio"/> Not at All Familiar
------------------------------------------	-------------------------------------	-----------------------------------------	-----------------------------------------	-------------------------------------------

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

	Agree Completely	Agree Somewhat	Disagree Somewhat	Disagree Completely
My RA significantly affects my life with family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish my doctor would give me more RA medication options than he or she does now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biologic medications are the most effective way to treat the signs and symptoms of RA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can see myself going to the Internet to get more information about a medication I've seen advertised.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

By submitting this form, you agree to allow Genentech, Inc. and their agents to collect the information provided, to receive product-specific communications and communications relevant to your condition from Genentech, Inc. and their agents, and to the terms of our Privacy Policy. Please read our complete Privacy Policy at ACTEMRA.com to learn more about our use of your information.

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← FOLD IN SECOND

Moisten to seal

**ACTEMRA® (AC-TEM-RA)
(tocilizumab)**

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

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

ACTEMRA can cause serious side effects including:

1. Serious Infections

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

- Your doctor should test you for TB before starting ACTEMRA.
- Your doctor should monitor you closely for signs and symptoms of TB during treatment with ACTEMRA.

You should not start taking ACTEMRA if you have any kind of infection unless your healthcare provider says it is okay.

Before starting ACTEMRA, tell your healthcare provider if you:

- think you have an infection or have symptoms of an infection such as:
 - fever, sweating, or sores on or chills your body
 - muscle aches — diarrhea or stomach pain
 - cough — burning when you urinate
 - shortness of breath or urinating more often than normal
 - blood in phlegm
 - weight loss
 - warm, red, or painful skin — feel very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB
- live or have lived, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there

is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidiomycosis, or blastomycosis). These infections may happen or become more severe if you use ACTEMRA. Ask your healthcare provider, if you do not know if you have lived in an area where these infections are common.

- have or have had hepatitis B.

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

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

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

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

- **low 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 because of changes in these blood test results. You may also have changes in other laboratory tests, such as your blood cholesterol levels. Your healthcare provider should do blood tests to check your cholesterol levels 4 to

8 weeks after you start receiving ACTEMRA, and then every 6 months after that. Normal cholesterol levels are important to good heart health.

4. Cancer.

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

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

What is ACTEMRA?

ACTEMRA is a prescription medicine called an Interleukin-6 (IL-6) receptor inhibitor. ACTEMRA is used to treat:

- Adults with moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a Tumor Necrosis Factor (TNF) antagonist has been used and did not work well.

Who should not take ACTEMRA?

Do not take ACTEMRA if you are allergic to tocilizumab, or any of the ingredients in ACTEMRA. Talk to your doctor if you have any questions.

What should I tell my healthcare provider before receiving ACTEMRA?

ACTEMRA may not be right for you. Before receiving ACTEMRA, tell your healthcare provider if you:

- have an infection. See “*What is the most important information I should know about ACTEMRA?*”
- have liver problems
- have any stomach-area (abdominal) pain or been diagnosed with diverticulitis or ulcers in your stomach or intestines
- have had a reaction to tocilizumab or any of the ingredients in ACTEMRA before
- have or had a condition that affects your nervous system, such as multiple sclerosis
- have recently received or are scheduled to receive a vaccine. 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 if ACTEMRA will harm your unborn baby.

Pregnancy Registry: Genentech has a registry for pregnant women who take ACTEMRA. The purpose of this registry is to check the health of the pregnant mother and her baby. If you are pregnant or become pregnant while taking ACTEMRA, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry at 1-877-311-8972 to enroll.

- plan to breast-feed or are breast-feeding. You and your healthcare provider should decide if you will take ACTEMRA or breast-feed. You should not do both.

Tell your healthcare provider about all of the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. ACTEMRA and other medicines may affect each other causing side effects. Especially tell your healthcare provider if you take:

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

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

How will I receive ACTEMRA?

- You will receive ACTEMRA from a healthcare provider through a needle placed in a vein in your arm (IV or intravenous infusion). The infusion will take about 1 hour to give you the full dose of medicine.
- For RA you will receive a dose of ACTEMRA about every 4 weeks.
- If you miss a scheduled dose of ACTEMRA, ask your healthcare provider when to schedule your next infusion.
- While taking ACTEMRA, you may continue to use other medicines that help treat your RA such as methotrexate, non-steroidal

anti-inflammatory drugs (NSAIDs) and prescription steroids, as instructed by your healthcare provider.

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

What are the possible side effects with ACTEMRA?

ACTEMRA can cause serious side effects, including:

- See “*What is the most important information I should know about ACTEMRA?*”
- **Hepatitis B infection in people who carry the virus in their blood.** If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus may become active while you use ACTEMRA. This happens with other biologic medicines used to treat RA. Your doctor may do blood tests before you start treatment with ACTEMRA and while you are using ACTEMRA. Tell your healthcare provider if you have any of the following symptoms of a possible hepatitis B infection:

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

- **Serious Allergic Reactions.** Serious allergic reactions, including death, can happen with ACTEMRA. These reactions can happen with any infusion of ACTEMRA, even if they did not occur with an earlier infusion. Tell your healthcare provider right away if you have any of the following signs of a serious allergic reaction:
 - shortness of breath or trouble breathing
 - skin rash
 - swelling of the lips, tongue, or face
 - chest pain
 - feeling dizzy or faint
- **Nervous system problems.** Multiple Sclerosis has been diagnosed rarely in people who take ACTEMRA. It is not known what effect ACTEMRA may have on some nervous system disorders.

Common side effects of ACTEMRA include:

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

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

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

You may also report side effects to Genentech at 1-888-835-2555.

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Out to Dry

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

You asked!

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:

A. 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 luke-warm water.

Next, apply body lotion—try **Aveeno Active Naturals Daily Moisturizing Lotion** (\$11.79)—immediately after showering or bathing while the skin is still damp. This helps lock in moisture and boost reabsorption. If you're eczema-prone in the winter, seek out thicker creams or ointments—those like **Aquaphor Healing Ointment** for lips (\$5.49) are more moisturizing than creams like **L'Occitane Shea Butter Hand Cream** (\$26), which are more moisturizing than lotions. Choose the richest formula your skin can tolerate, and apply it to your body religiously to maintain a healthy skin barrier.

Emma Taylor, MD, clinical instructor, dermatology, UCLA



CHUNG LEE

The opinions expressed in this section are of the experts and are not the opinions of WebMD. WebMD does not endorse any specific product, service, or treatment.

1 Great Barrier
Slather on **Aveeno Active Naturals Daily Moisturizing Lotion** while skin is still damp.

2 Lip Service
Pamper your pout with **Aquaphor Healing Ointment**.

3 Rinse Cycle
Add power to your shower with **Dove Visible Care Renewing Crème Body Wash**.

4 Upper Hand
Get rich, quick relief with **L'Occitane Shea Butter Hand Cream**.

Dream Cream 2
Burt's Bees Soap Bark & Chamomile Deep Cleansing Cream helps keep the red out.

1 Star Wash
Save face with **Cetaphil Gentle Skin Cleanser**.

3 Day Trip
Put your best face forward with **Neutrogena Healthy Defense Daily Moisturizer SPF 50**.

4 Night Work
Replenish while you sleep with **Eucerin Q10 Anti-Wrinkle Sensitive Skin Creme**.

“Not switching up your products throughout the year can further irritate your skin.”

A. **Dr. Blyumin-Karasik says:** 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.

To combat dryness on your face, use a soap like **Cetaphil Gentle Skin Cleanser** (\$7.99), which has fewer potent surfactants (detergents and foaming agents 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 on 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, like **Neutrogena Healthy Defense Daily Moisturizer SPF 50** (\$12.99). They provide moisture without causing clogged pores that can lead to pimples. —Ayren Jackson-Cannady

Marianna Blyumin-Karasik, MD, cosmetic dermatologist, Miami



My DRY EYES



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ASK QUESTIONS about your options



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*

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

DRYER IDEAS

These pro tips will help you maintain a healthy mane.

Put on Air. “Let hair dry naturally for several minutes or use a special towel, like those manufactured by Aquis, that helps wick away excess water” to trim dryer time, says Audrey Kunin, MD, a dermatologist in Kansas City, Mo.

Do Your Part. Sectioning is important. Most stylists go horizontal, but stylist Natasha Sunshine prefers vertical sections starting at the front hairline. Divide a 2-inch chunk and, with a natural-bristle round brush and dryer, roll the hair forward toward the face for straight locks and forward and back to leave in some wave.

Focus In. Always use the nozzle attachment on your dryer unless you’re diffusing curls. This concentrates heat for a quicker result.

Cool Out. The “cold shot” button is a wonderful tool, Sunshine says. “Hair is malleable. Think of plastic, heating up and then cooling off and setting the shape.”

JENS HANSEN/GETTY IMAGES

Get more expert tips for **taming your mane.**



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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 about how to best care for tiny teeth. Law says she examines a child's mouth, then spends 15 to 30 minutes talking about what she's seen and what to expect in the coming six to 12 months.

If your child has transitioned from the bottle to cup and doesn't snack or drink in the middle of the night (both habits increase the risk of cavities), you get a one-year pass until age 2. That's when the standard six-month dental visit kicks into gear. Between ages 4 and 6, expect a first set of mouth X-rays to check for cavities lurking between the teeth. "This can indicate that a child has been infected with bacteria that cause cavities. We'll have an idea as to whether this will be a lifetime struggle or if cavities are mostly related to dietary practices," Law says.

Prevention is the name of the game between ages 6 and 12, when baby teeth give way to permanent teeth. Look for your child's dentist to suggest a sealant—a plastic resin that bonds to a tooth's chewing surface—between ages 7 and 9. Cavity-prone molars (at the back of the mouth) are the most likely site for treatment. "We paint it on



to prevent bacteria that cause cavities from getting into the grooves and valleys of teeth," Law says.

Also around age 7, your child's dentist will likely suggest an orthodontic evaluation. "It's old-school to wait until all permanent teeth come in at around 12 or 13 to refer kids to an orthodontist," Law says. Although most kids do wait until their early teens for braces, orthodontics is about modifying jaw growth; identifying skeletal causes of crooked teeth early ensures a beautiful smile later on.

In the end, it's the basics—brushing twice a day with fluoride toothpaste, flossing daily, reducing high-sugar snacks, and getting regular dental checkups—that have the most impact on the health of kids' teeth. Of course, the toy that comes at the end of each visit seems to help, too.—Lisa Zamosky

“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 tend to over-talk upcoming dentist 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.

Be positive. 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. "There's no reason to expect pain," Law promises.

Be a presence (not a nuisance). Many parents repeat the directives given their child by the dentist or interject in other ways during office visits. But hearing multiple voices confuses your child and blocks an opportunity for bonding with her dentist. "When we need your help, we'll ask," Law says.

THE MAKEUP OF MAKEUP



In a Pinch

Since at least 3000 BC, women have looked for ways to bring a beguiling flush to their complexion. In ancient Egypt, women applied crushed mulberries to their cheeks. In the late 16th century, Queen Elizabeth I prepared her own rouge from red ochre clay, plant leaves, and egg whites.

Beet It

A recipe for tinted face powder from the French court of Louis XIV called for beet and carrot juice to be mixed with cornstarch and left out in the sun until the liquid evaporated.

Hue Clues

Today, whether blush is in powder, cream, liquid, or gel form, it relies on FDA-approved colorants or dyes to produce rosy cheeks. These pigments appear on the label as a color and number, such

as Red 33, 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 are so concentrated 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 your natural skin color," says Romanowski, "so the blush color you apply will be bright and true."

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 test blush to remain stable for about a year once opened. "After that the red pigment may start to break down, so your blush will go on more brown," says Romanowski. "It also won't spread as easily, so you may end up with streaks."—Shelley Levitt

Raychel Wade, New York makeup artist and "colour 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.”

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fitness matters

WORKING OUT WHAT WILL WORK FOR YOU

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 called separating the clouds and boomerang 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.

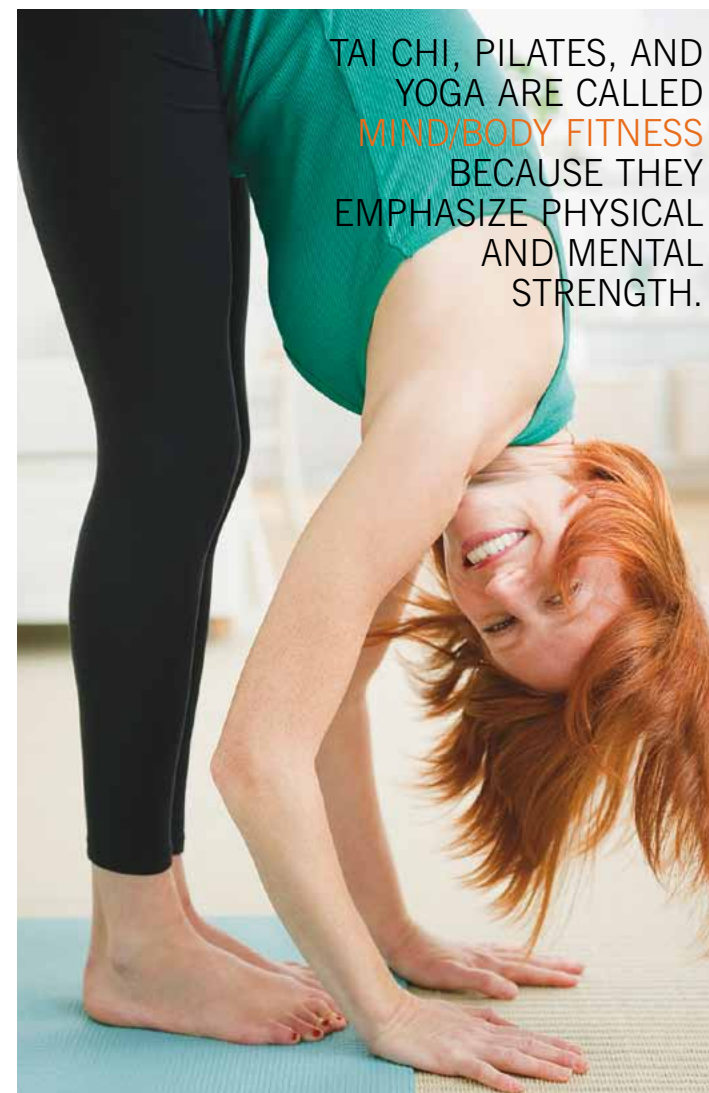
"The movements [also referred to as poses or postures] strengthen your body and improve your flexibility by teaching you how to move your body and focus your mind," explains Kevin W. Chen, PhD, MPH, associate professor in the Center of Integrative Medicine at the University of Maryland School of Medicine.

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 weight, reduce blood pressure, ease 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



TAI CHI, PILATES, AND YOGA ARE CALLED MIND/BODY FITNESS BECAUSE THEY EMPHASIZE PHYSICAL AND MENTAL STRENGTH.

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."—Jodi Helmer



JAMIE GRILL PHOTOGRAPHY/GETTY IMAGES (2)

Reviewed by
Michael W. Smith, MD
WebMD CHIEF MEDICAL EDITOR



MIND YOUR EXERCISE

Interested in trying mind/body exercise but not sure how to get started? Kevin W. Chen, PhD, MPH, has some suggestions:

Make the call. Before going to exercise classes for the first time, call the studio. "The instructor should know how much experience you have before you start a class," he says. If you need help picking a class that suits your skill level, ask whether the studio offers a specific style of yoga, Pilates, or tai chi most suited to a beginner.

Try before you buy. Although they are all mind/body exercises, Pilates, yoga, and tai chi are very different practices—and there are a number of styles within each. Chen suggests test-driving classes and instructors until you find a good fit.

Wear to go. Prepare to go barefoot during your session. Taking off your shoes helps you feel grounded, an important part of the mind/body philosophy. It's also important to wear comfortable clothes—but nothing too baggy. Oversized T-shirts will ride up during inverted (upside-down) poses.

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Man Trouble

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 urologists say, he's more likely to try to fix the problem himself than see a doctor. That is a huge and potentially harmful mistake.

read about online and about which they don't know the full effects or side effects," says urologist Edmund Sabanegh, MD, director of the Cleveland Clinic's Center for Male Infertility. "They come into the office with a bag full of pills with a variety of herbal names."

Those pills are usually some form of an antioxidant supplement. While some studies have linked oral supplements, such as vitamins C and E, zinc, L-carnitine, and selenium, to improved sperm quality and higher rates of pregnancy, the research is far from conclusive. That doesn't stop numerous websites from marketing them as a cure for infertility. Of particular concern to Sabanegh are drugs and supple-

ments that contain testosterone. "Counter to what you would think," says Sabanegh, "testosterone can cause your sperm count to go down dramatically, to the point where it is almost a contraceptive."

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

CAN'T CONCEIVE?

Think you might have an 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. Nonspecialists might miss crucial signs of trouble or do 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 painful and invasive procedures before the man is looked at," says Edmund 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." Don't be that man.

Don't wait. Infertility is usually diagnosed after a year of regular attempts at conceiving, but both Marks and Sabanegh say there's no need to wait that long. "It's reasonable to come in at six months," Marks says.

"IN 40% OF COUPLES WHO ARE HAVING TROUBLE CONCEIVING, MALE FACTOR INFERTILITY PLAYS A ROLE."



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 Tucson, Ariz. "But in my experience, guys don't like to go to the doctor. They see it as a sign of weakness. On top of that, they're scared. 'What if it's my fault?'"

Instead of seeking an expert's advice, many men purchase alleged remedies on the Internet. "On a daily basis, I see patients who are using something that they



Smoking **lowers your sperm count** and sperm quality.

Don't be shy. Get more **expert advice** about infertility.  **WebMD.com**

BLENDGLOW IMAGES



Walk Around

More than a relaxing pastime, walking a labyrinth can be good for your health, too

When Liza Ingrasci was diagnosed with stage 2 breast cancer at age 52, the stress of surgery and chemotherapy was compounded by her sister's treatment for lung cancer at the same time.

"I was stretched emotionally and physically thinner than I'd ever been and needed to reduce the fear and anxiety about my own life-threatening illness as well as my sister's," says Ingrasci, managing director of a nonprofit foundation in San

medical centers across the country. More than 100 hospital, hospice, and health care facilities in the United States have walkable labyrinths, and 36% of these have been built in the past five years, according to The World-Wide Labyrinth Locator.

Herbert Benson, MD, founder of the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital and author of *Relaxation Revolution*, says a stroll through a labyrinth can evoke

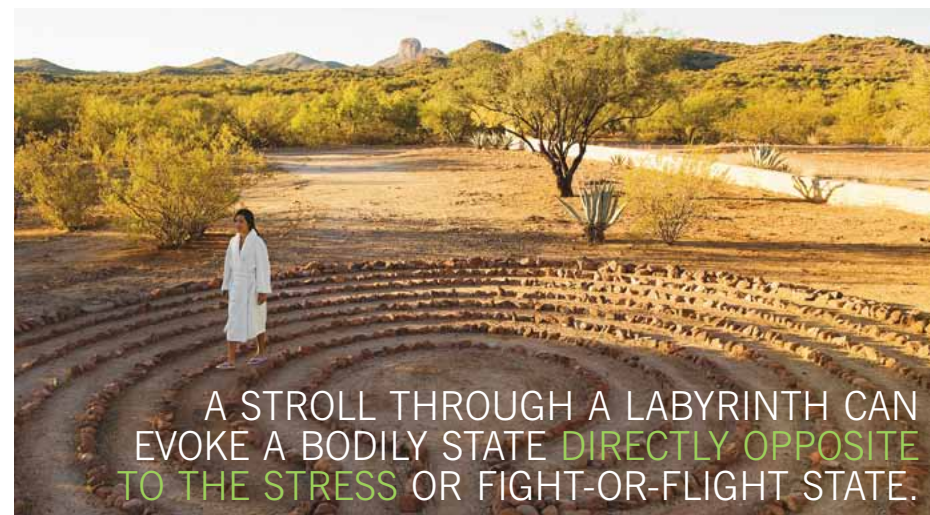
the relaxation response, "a bodily state directly opposite to the stress or 'fight-or-flight' state."

"Our more than 30 years of research shows that the relaxation response is characterized by decreased metabolism, heart rate, breathing rate, and blood pressure, and [also] slower and distinct brain wave activity," Benson says.

Lorelei King, RN, former director of surgery at Mercy Hospital in Grayling, Mich., says she's

seen firsthand the impact on patients who walk the hospital's onsite labyrinth. "You can visually see them relax. Afterward, when I take their pulse, it's often slowed down dramatically. I've also had many patients tell me that their pain has decreased after walking the labyrinth."

As for Ingrasci, she's seven years out from her treatment, cancer-free, and still occasionally walking the labyrinth "to acknowledge important passages. It really helps." —Karen Leland



A STROLL THROUGH A LABYRINTH CAN EVOKE A BODILY STATE **DIRECTLY OPPOSITE TO THE STRESS OR FIGHT-OR-FLIGHT STATE.**

Rafael, Calif. She decided to make part of her healing a weekly walk through a labyrinth in a church in a nearby city.

A labyrinth is an ancient pattern of concentric pathways surrounding a central goal. Found on Greek pottery, on Spanish petroglyphs or rock carvings, and, in walkable form, on the floors of medieval cathedrals in Europe, labyrinths are enjoying a renewal as a form of meditation for stress reduction and self-reflection. Thousands are in public parks, houses of worship, and, increasingly, hospitals and

CIRCLE LOGIC

Curious if walking a labyrinth might ease your stress? Lorelei King, RN, suggests these tips to get started.

Before entering... Consider a contemplative question, prayer, or favorite image to hold in your mind before you step into the labyrinth and begin walking.

While walking... A labyrinth is not a maze. There is only one way in and one way out, so you don't need to think about where you're going. Just follow the path. As you concentrate on your steps, everything else can melt away.

Upon reaching the center... Sit or stand with your eyes closed or looking downward. Take three deep breaths, and in silence ask yourself: What am I feeling right now?

Walking back... Bring to mind again the contemplative question, prayer, or favorite image you began with.

After walking... Try journaling about your labyrinth experience. What did you discover? What changed from the time you entered to the time you exited the labyrinth?



75% to 90% of all physician office visits are for stress-related ailments and complaints.

What's your best **stress-busting tip**?  **WebMD.com**

CULTURAMASTERFILE



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

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



A CAT THAT HIDES IN THE CLOSET OR UNDER THE BED MORE OFTEN COULD BE TELLING YOU SOMETHING'S WRONG.

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

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.



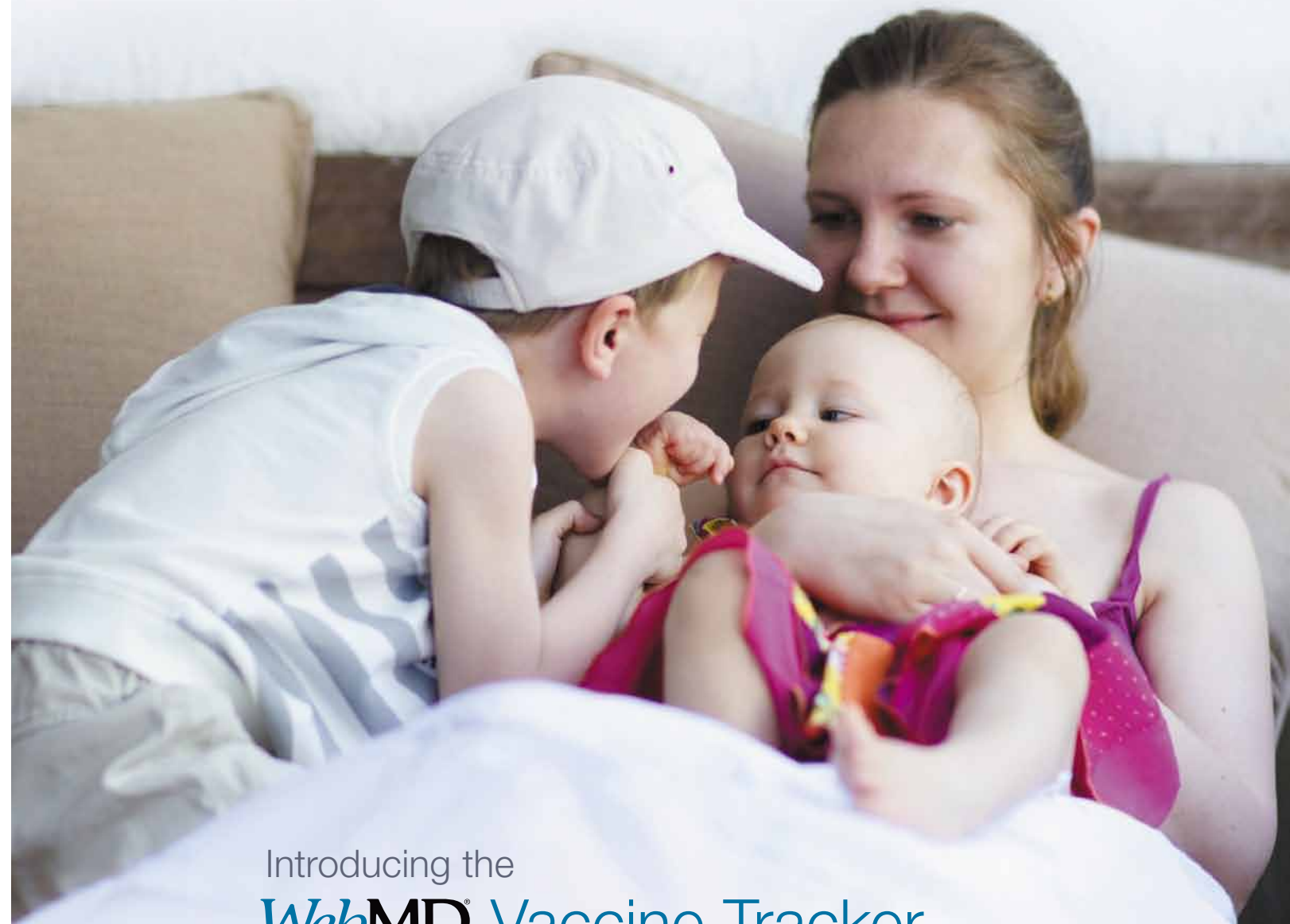
CHRISTIAN JACQUET/GETTY IMAGES

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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 she 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

ANDERSEN ROSS/GETTY IMAGES



Sleeping Aids

Will those fancy snooze gadgets really help you catch more zzz's tonight?

You can't sleep, so you turn on the white-noise machine, slip on an eye mask, and spritz some lavender spray into the air. Will you nab some shut-eye now? Maybe—but maybe not.

Fun as they might be, such sleep gadgets are no substitute for good sleep habits like going to bed at the same time every night, minimizing caffeine, and relaxing before bedtime, sleep experts say. Still, some devices can help you snooze—or can trigger a sleep-inducing effect. Here's a look at two that work, at least a bit, according to sleep experts.

Monitor yourself. In a culture that craves information, some people want to know exactly how well they're sleeping. That's where sleep monitors come in. These devices can tell you what stage of sleep you're in at 3 a.m., precisely how much sleep you're getting, and the best time to wake up.

Knowing your patterns can help you structure the time you get up so you aren't awakened during a deep sleep, says Helene Emsellem, MD, medical director of the Center for Sleep and Wake Disorders in Chevy Chase, Md.

Clock it. For some people, rising isn't exactly a shining moment. Enter smart alarm clocks that get you out of bed in a way that suits your waking style. If you're prone to hitting the snooze button and oversleeping, consider alarm clocks that force you to get up to turn them off. If you're the type who hates being roused from a deep sleep, consider a watch or clock that senses movement and wakes you up when you're in a lighter sleep.—Winnie Yu



SLEEP MONITORS CAN TELL YOU
THE BEST TIME TO WAKE UP.

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Kids are complicated.
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doesn't have to be.

Start Now



ANATOMY OF A PARSNIP

World Travels

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

Mistaken 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

healthy recipe

Parsnip and Potato Gratin



Makes 6 servings Ingredients

cooking spray
2 cups (about 2 large) thinly sliced leeks
2 cloves garlic, finely minced
1 lb Yukon Gold potatoes, thinly sliced
1 lb parsnips, peeled and thinly sliced
¼ tsp salt
1 tsp freshly ground pepper
½ tsp nutmeg
1 tsp chopped fresh thyme
1 cup, plus 2 tbsp nonfat, low-sodium chicken broth
¼ cup heavy cream
4 tbsp grated Gruyère cheese
2 tbsp dry breadcrumbs

Directions

1. Preheat oven to 350°F. Spray 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 parsnips, and season with half the salt, pepper, nutmeg, and thyme. Repeat layering, using remaining vegetables and seasonings. Pour broth over and around vegetables. Cover pan tightly with foil and bake 1 hour.
3. Increase oven temperature to 375°F. Remove foil and pour cream over vegetables. Sprinkle cheese and breadcrumbs and continue baking, uncovered, 30 minutes or until golden brown.

Per serving:
195 calories,
5 g protein,
33 g
carbohydrate,
6 g fat
(3 g saturated
fat), 18 mg
cholesterol,
5 g fiber,
6 g sugar,
268 mg
sodium.
Calories from
fat: 25%.

TOP: ROB LAWSON/GETTY IMAGES; JONATHAN GREGSON/STOCKFOD

Get rooted with more [parsnip recipes](#).  **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.

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.

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 get fresh juice with no seeds, no electrical cords, and no big mess.

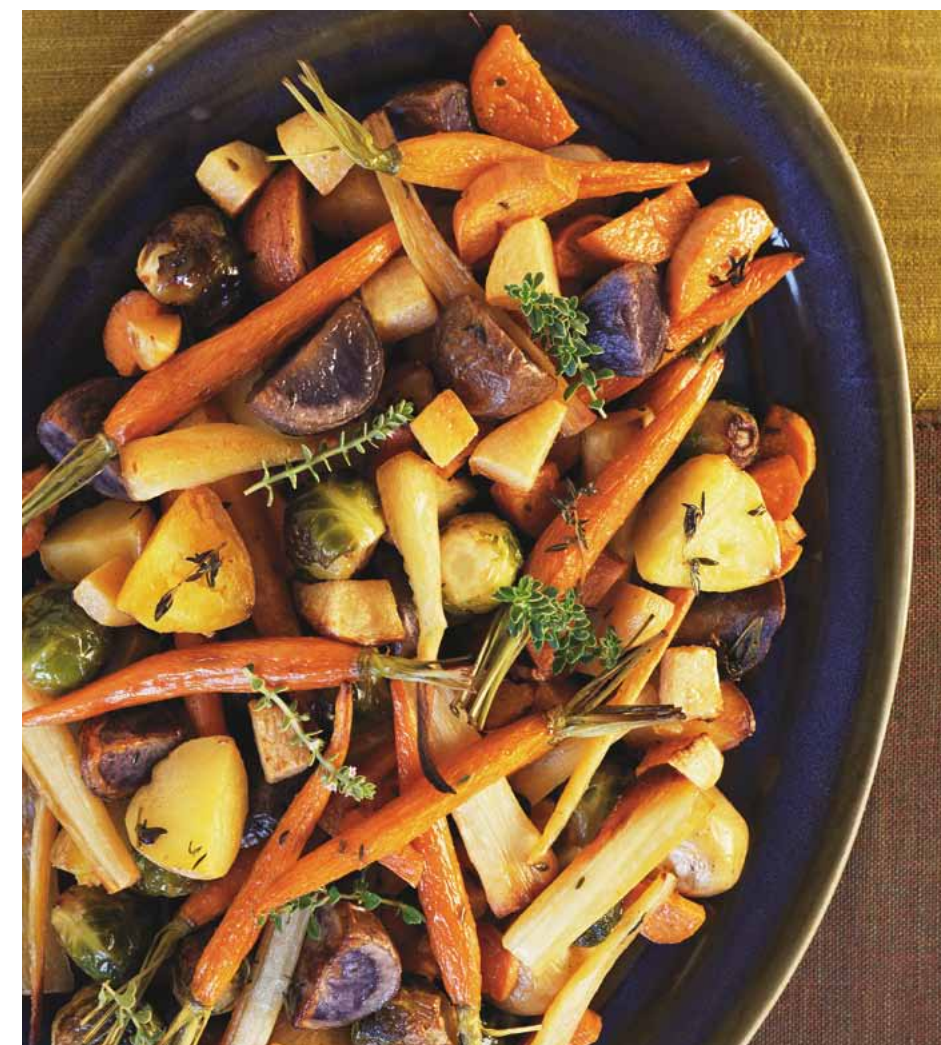
Large wood or bamboo cutting board A postcard-sized cutting board won't motivate you to chop up a bunch of fresh kale. A large board costs only about \$15. Place it over your kitchen sink, and your counter space expands by almost 2 feet.

Rimmed baking sheet (not nonstick) The rim keeps food from rolling off but doesn't create steam, so food caramelizes and develops a rich flavor quickly. Use it to roast asparagus, Swiss chard, or chicken breasts.

Microplane grater Use the super-sharp grater to zest lemons and limes or grate Parmesan cheese.

RIGHT: PORCHAI MITTONGARETTY IMAGES; BELLMAN/STOCKFOD

What's for dinner tonight? Find [easy, healthy recipes](#).  **WebMD.com**



healthy recipe

Sesame and Soy-Roasted Fall Vegetables

Makes 6 servings

Ingredients

1 tbsp sesame seeds
1 tbsp sesame oil
1 tbsp granulated or chopped garlic
1 tbsp low-sodium soy sauce
2 tbsp extra virgin olive oil
1 cup butternut squash, peeled and cut into 1-inch cubes
1 sweet potato or garnet yam, peeled and cut into 1-inch cubes
1 cup carrots, peeled and cut into 1-inch pieces
1 parsnip or turnip, peeled, cut into 1-inch cubes
1 medium red onion, peeled, cut into eighths
twist of fresh cracked pepper

Directions

1. Preheat oven to 400°F.
2. Mix sesame seeds, sesame oil, garlic, soy sauce, and olive oil in a small bowl.
3. Put all the vegetables in a large bowl and coat with sesame and soy mix.
4. Spread vegetables on an oiled, rimmed baking sheet. Sprinkle with fresh cracked pepper. Roast 20 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: 202 calories, 3 g protein, 24 g carbohydrate, 12 g fat (2 g saturated fat), 4 g fiber, 9 g sugar, 202 mg sodium. Calories from fat: 50%.

Alicia's

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**

Quest

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.”

Keys with locals in the Ezimbuzini township outside of Johannesburg, South Africa, while visiting Keep a Child Alive-funded sites. KCA has helped an estimated 250,000 AIDS patients and their families, many of them children.



“I couldn’t turn my back on all I’d seen,” Keys tells WebMD. She’d witnessed AIDS orphans and widows across that continent struggling to survive; babies and kids of all ages battling the ravages of the disease they’d inherited from their infected parents; and the elderly—poor and often incapacitated themselves—caring for their dead children’s offspring because no one else was left to do the job. An entire generation had been destroyed.

Enter AIDS activist Leigh Blake. She is the innovative producer behind the 1990s’ “Red Hot + Blue,” the first concert event and album that banded together musical artists for AIDS efforts. Blake invited Keys to join her on that first eye-opening trip back in 2002, lobbying the voice behind such hits as “Fallin’” and “A Woman’s Worth” to use her clout to shine a light on the global AIDS movement and to get involved herself.

The two toured threadbare medical clinics and destitute villages where the poorest of Africans needed the simplest of interventions: antiretroviral medications (ARVs), which at that time were neither affordable nor accessible in third-world nations.

“We don’t see more than 16 million U.S. orphans in America because we don’t allow it to happen,” Blake says. “In the United States, if you need the drugs, you get the drugs. But not too long ago, if you were poor in Africa and had no voice, you didn’t. And you died.”

When a pharmaceutical company began making a generic version of ARVs in 2003 for just \$500 annually—the original patented drugs tallied \$11,000 per year, an astronomical figure for all but the world’s wealthiest citizens—they knew mass distribution had finally become feasible.

“Leigh said to me: ‘I think I can find a way to engage the public and provide these medicines,’” Keys recalls. “So I said to her: ‘You figure that out, and I’m there!’”

“At the time, I didn’t have a child”—Keys was then 22—“but I was empathetic to these young people I met [in Africa],

so close to my age. It really struck me how I had to pay attention. What if I was 15 going through what these kids are going through, and nobody paid attention? To have to deal with all the things a teenager has to deal with, on top of being the ‘parent’ and breadwinner, and putting food on the table for younger brothers and sisters who might be 3, or 7, or 10...it wasn’t about how impossible it was, but, rather, if I can help one person, five people, 10 people, 100, 200, 100,000 people...that’s what’s real.”

Starting Keep a Child Alive

Keys signed on in 2003 as co-founder of Keep a Child Alive (keepachildalive.org)

with Blake and became the organization’s public face. To date, KCA has helped an estimated 250,000 AIDS patients and their families, many of them children. The group provides lifesaving medications, urgent care clinics, follow-up treatment and counseling, much-needed orphanages, and continuing education. They also offer skills training to help the young and widowed learn 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.”

Among the biggest challenges for KCA and other organizations administering ARVs, Guay adds, are accessibility along with monitoring viral loads to detect the

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



PREVIOUS PAGE: JOHN WRIGHT; LEFT: BRIAN BRAFF

KEVIN MAZUR/GETTY IMAGES



Keys, center, with her mother, right, and grandmother, left.

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



Keys and husband Swizz Beatz.

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 96% of cases, patients on ARVs aren’t spreading the disease,” Keys says. “That means AIDS 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, most of all, not to be needed.”

“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.

“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 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. (Her breakout

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 with a single mother 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.

“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.”

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

TOP: ERIC C. PENDZICH/REX USA/BEIMAGES; KEVIN MAZUR/GETTY IMAGES; OPPOSITE PAGE: JOHN WRIGHT

album, *Songs in A Minor*, was just re-released to celebrate its 10th anniversary.) She also acts. She was last seen opposite Queen Latifah and Jennifer Hudson in the 2008 film *The Secret Life of Bees*. She produces, too, bringing the play *Stick Fly* to Broadway this winter. Keys writes on her blog: “To produce a play like this is a dream come true....And to have the chance to share it with an audience, night after night, in a beautiful theater, on the streets that I walked everyday as a kid with only ‘a pocket full of dreams’ can only be described as modern-day magic.”

Now add director to the list. In October, the Lifetime Network aired *Five*, a film about five women’s lives, all touched by breast cancer. Keys was tapped to direct one of the five interconnected segments, along with Jennifer Aniston, Demi Moore, Penelope Spheeris, and Patty Jenkins.

“To be a director is something I always wanted to do,” she says. “It’s a beautiful dance, a beautiful orchestra, and all these parts make the music. That’s how I hear it. That’s how I see it. I loved it! It was one of the most amazing experiences of my life.” Plus, she jokes, “to watch the actors go into hair-and-makeup and not have to go in myself” made her love it even more.

Love is a word that falls often from Keys’ lips, especially when the name Egypt comes up: “Motherhood is a billion times better than I expected, and I already expected it to be great,” she says.

“It’s all the things everyone ever said, but you don’t know it until you’re there. 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’ll do it.” ■

“Motherhood is a billion times better than I expected, and I already expected it to be great.”





HOME *Cooking*



Top Chef star
Mike Isabella
taps into his
culinary roots for a
Jersey-style family
holiday feast

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

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



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 Christ-masy, 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.



The star of Isabella’s holiday menu is spice-roasted chicken, featuring his signature pepperoni sauce.

4. Preheat oven to 400°F.

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 165°F.

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%.

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, toasted and ground
- ½ tsp chili flakes
- ½ cup canned crushed tomatoes
- 1½ cups low-sodium chicken broth
- ½ tsp red wine vinegar

Directions

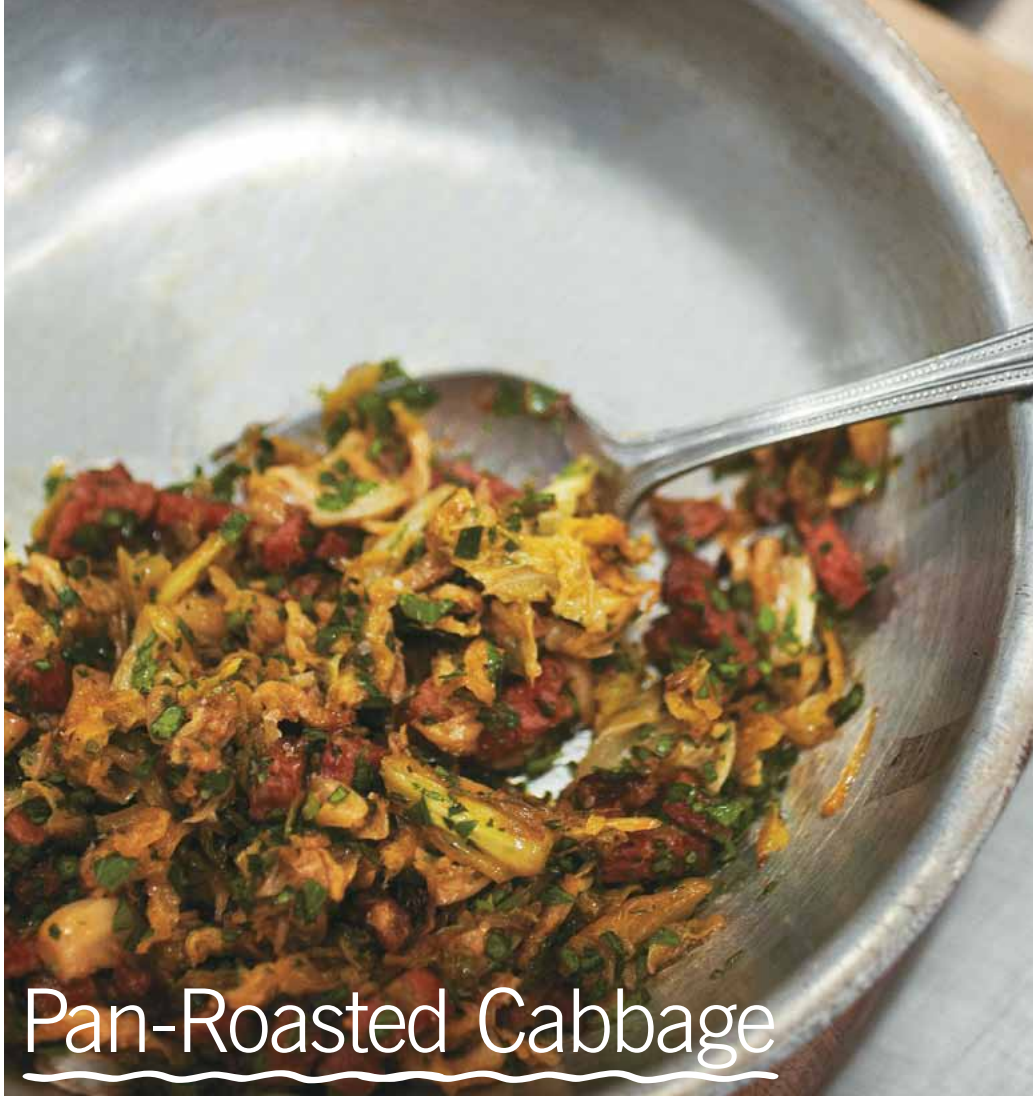
1. Heat olive oil in a large saucepan over medium heat. Add onion and garlic and sweat approximately 4 to 5 minutes until soft and translucent, stirring occasionally. If garlic begins to brown, lower heat slightly.
2. Add pepperoni and cook 4 minutes.
3. Add fennel seeds and red chili flakes to onion/garlic/pepperoni mix and cook 1 minute.
4. Stir in tomatoes and cook 3 minutes. Add chicken broth and bring to a slight boil. Reduce heat to low and simmer 50 minutes.
5. Remove mixture from heat and let cool slightly. Purée in a blender approximately 2 minutes or until smooth.
6. Pass sauce through a fine strainer to create a smoother texture. Use a rubber spatula to help push the sauce through. Stir in vinegar. **Note:** reheat sauce before serving. The pepperoni sauce can be made in advance and refrigerated up to 3 days.

MAKES 12 SERVINGS,
2 TBSP PER SERVING

Per serving: 86 calories, 4 g protein, 1 g carbohydrates, 7 g fat (2 g saturated fat), 15 mg cholesterol, 313 mg sodium. Calories from fat: 77%.



Isabella and his wife, Stacy, sample the holiday feast.



Pan-Roasted Cabbage

✱ MAIN DISH ACCOMPANIMENT

Ingredients

- 2 tbsp canola oil
- ½ cup shallots, diced small
- 1 cup pepperoni, diced small
- 4 cups thinly sliced savoy cabbage
- 1 tbsp white wine vinegar
- 1 tbsp extra virgin olive oil
- 1 tbsp 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. Add pepperoni and continue cooking 3 minutes.

2. Add cabbage and cook, stirring occasionally, until wilted (approximately 10 minutes).

3. Just before serving, add vinegar, olive oil, and parsley.

MAKES 6 SERVINGS

Per serving: 275 calories, 10 g protein, 7 g carbohydrate, 24 g fat (7 g saturated fat), 39 mg cholesterol, 2 g fiber, 2 g sugar, 631 mg sodium. Calories from fat: 76%.

To serve

Mike Isabella recommends serving family-style: Arrange cabbage in a mound at the center of a platter. Place chicken breasts around the cabbage. Transfer pepperoni sauce to a gravy boat and serve on the side.

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.” This dish is pictured on page 74, top.

✱ SIDE
Pumpkin Risotto

Ingredients

- 2 tbsp unsalted butter
- ½ cup white onion, diced small
- 1 cup carnaroli rice
- 3 cups simmering hot water
- ¼ cup plain (no spices or flavoring added) pumpkin purée, canned
- ¼ cup shredded or grated Parmesan cheese
- ¼ cup pumpkin seeds, toasted
- 2 tbsp finely chopped chives

Directions

1. Melt butter in a large pot over medium heat. Once melted, add onions and sweat 4 to 5 minutes or 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 ½ cup) at a time, and continually stir rice in one direction. Once that water has been absorbed, add another ladle of water and constantly 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: 201 calories, 6 g protein, 30 g carbohydrate, 7 g fat (3 g saturated fat), 9 mg cholesterol, 2 g fiber, 1 g sugar, 68 mg sodium. Calories from fat: 28%.

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.”

✱ DESSERT
Yogurt Panna Cotta With Spiced Pears and Pistachios

Ingredients for panna cotta

- 1 envelope (¼ oz) unflavored gelatin
- 3 tbsp sugar
- ¼ tsp salt
- ½ cup 1% milk
- ½ vanilla bean, seeds scraped
- 1¾ cups plain 2% Greek yogurt
- 1 tsp lemon juice
- spiced poached pears (see recipe)
- 2 tbsp pistachios, roasted

Directions

1. In a small pan, mix gelatin, sugar, and salt. Add milk and vanilla bean seeds, stir together, and let stand 2 to 3 minutes.
2. Place on stove over medium-low heat and bring to a simmer—small bubbles will form around edges of mixture after about 1½ to 2 minutes. Stir until gelatin dissolves. Set pan aside for 3 to 5 minutes to cool.
3. Pour mixture into a blender or food processor. Add yogurt and lemon juice and blend 20 seconds.
4. Divide yogurt mixture evenly among 6 glass dishes. Cover tops with plastic wrap and chill several hours or overnight. Top with spiced poached pears and pistachios and serve.

Ingredients for poached pears

- ½ cup white granulated sugar
- ½ cup water
- 6 whole black peppercorns
- 2 whole cloves
- 2 whole cardamom pods
- 1 cinnamon stick
- 2 pears, peeled and chopped into ½-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 carbohydrate, 3 g fat (1 g saturated fat), 5 mg cholesterol, 2 g fiber, 38 g sugar, 159 mg sodium. Calories from fat: 13%.





CHAMPIONS OF CARE

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

Reviewed by
Louise Chang, MD
WebMD SENIOR MEDICAL EDITOR



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."

Photographs (here and previous page) by Ben Van Hook

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 non-profit 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."

Photograph by Rob Culpepper

SCHOOL FOR DOCTORS

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, ophthalmology, 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."

Photograph by Max Dolberg/Wonderful Machine

PLAY'S THE THING

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.

Photograph by James Kegley

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."

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!"

Christy Turlington Burns

After the 2005 CARE ambassador trip that opened supermodel Christy Turlington 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.



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*



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 Wilderwood Service Dogs. Since last year, one university study shows her efforts are making a difference. "It definitely demonstrated that service dogs help children with autism," Denyer says. There's more good news: Her business is growing—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 brother, 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

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?

- Which of the following foods commonly cause allergic reactions in kids?
 - eggs
 - milk
 - peanuts
 - all of the above
- Which body system sets off an allergic reaction?
 - immune
 - respiratory
 - gastrointestinal
 - nervous
- Food allergies do not usually trigger this symptom:
 - itchy mouth
 - hyperactivity
 - nausea and vomiting
 - hives or eczema

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).

ALLERGIES NEWSLETTER

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food allergies

WebMD SEARCH

Source: U.S. Department of Health and Human Services; NIH; the FDA; the American Academy of Allergy, Asthma, and Immunology; and the [WebMD](http://WebMD.com) Allergies Health Center

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SLEEP

QUIZ

DOES SNORING SIGNAL A PROBLEM?

chrismom52099, a member of WebMD's sleep disorders board, knows full well what happens when she doesn't get a good night's sleep. **"I can't function at all,"** she writes. **"Over the past several months it's like I am getting more and more tired at work, literally falling asleep at my desk in the early afternoon. I cannot even keep my eyes open."** Sleep disorders are serious. Do you know the symptoms?

- 1 Does your bed partner say you make a rough, hoarse, or fluttering noise during sleep?
☐ Yes ☐ No
- 2 Do you drink alcohol or smoke?
☐ Yes ☐ No
- 3 Are you overweight?
☐ Yes ☐ No
- 4 Are you often very sleepy and tired during the day?
☐ Yes ☐ No
- 5 Do you sometimes fall asleep in inappropriate settings, such as at work or while eating or driving?
☐ Yes ☐ No

Answers: 1. If yes, you probably snore. 2. Smoking causes nasal congestion, a major cause of snoring. Drinking alcohol causes airway muscles in the neck to slacken. 3. Most snorers tend to be overweight. 4. and 5. If yes, you might have sleep apnea, a serious condition that prevents you from getting enough oxygen during sleep, or narcolepsy, a disorder that causes people to fall asleep during normal waking hours.

Source: [WebMD](#) special feature on **Snoring** and the **Sleep Disorders 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 lifestyle factors that are likely to increase my snoring?
- 2 What can I do to stop or reduce snoring? Are there medications I can take?
- 3 Does my snoring mean I may have sleep apnea? Is this a treatable condition?
- 4 What lifestyle changes should I make? When can I expect to see results?

SLEEP WELL NEWSLETTER

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MIND

QUIZ

IS IT GENERALIZED ANXIETY DISORDER?

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 **Meinlv25**, 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

Answers: 1. True. People with GAD can also develop irritability, restlessness, fatigue, sweating, hot flashes, nausea, light-headedness, trembling, difficulty concentrating, inability to relax, disturbed sleep, and a need to go to the bathroom often. 2. False. GAD affects people of all ages, but the risk of developing the disorder is greatest between childhood and middle age. It affects roughly twice as many women as men. 3. True. Typically, GAD does not occur alone but with other problems, including panic disorder, obsessive-compulsive disorder, and phobias. Substance abuse and depression are also common in people with GAD. 4. False. GAD is often treated with a combination of counseling and medication.

Source: National Institute of Mental Health and the [WebMD](#) Mental Health Center

DID YOU KNOW?



QUESTIONS FOR YOUR DOCTOR

- 1 Is my anxiety normal or do I have generalized anxiety disorder?
- 2 Do I need counseling? How will therapy help me with my anxiety?
- 3 Do I need medication? Which kinds of medication might help?
- 4 What are the drugs' risks and benefits? What are some possible side effects?

MENTAL HEALTH NEWSLETTER

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DIET

QUIZ

RATE YOUR HEARTBURN IQ

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 **thact**, 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.

- 1 I caused my heartburn by eating the wrong foods.
☐ True ☐ False
- 2 I can cure heartburn by eating only bland foods.
☐ True ☐ False
- 3 I can take as many antacids as I need to treat it.
☐ True ☐ False
- 4 Heartburn never turns into a serious health problem.
☐ True ☐ False

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: lifestyle changes, diet, over-the-counter and prescription medicines, and, rarely, surgery. Antacids, a common treatment for heartburn, shouldn't be taken indiscriminately and can interact with certain prescription drugs. Chronic heartburn may signal gastroesophageal reflux disease (GERD), a condition that can damage the esophagus and lead to serious problems, including ulcers and esophageal cancer.

Source: National Institutes of Health, the National Heartburn Alliance, and the WebMD Heartburn 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?

WEIGHT CONTROL NEWSLETTER

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HEART

QUIZ

THE LOWDOWN ON CHOLESTEROL

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 **ocpic1**, a member of WebMD's heart disease community. **"Also I stopped eating eggs."** How much do you know about cholesterol?

- 1 If a food product's package reads “low cholesterol,” it's also low in fat.
☐ True ☐ False
- 2 The best age to have your cholesterol level checked is 50 because that's the peak age for heart attacks in men.
☐ True ☐ False
- 3 Women don't get heart disease, so they don't need to worry about cholesterol.
☐ True ☐ False
- 4 There is no cholesterol in peanut butter.
☐ True ☐ False

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 fruits and vegetables. The liver produces most of the blood cholesterol in your body.



QUESTIONS FOR YOUR DOCTOR

- 1 How do I know if I am at risk for a heart attack? What are my risk factors?
- 2 Can I control my cholesterol through lifestyle changes alone?
- 3 Do I need to take cholesterol-lowering drugs? Will I need to take them long-term?
- 4 How low can I realistically expect my cholesterol to go? What should I aim for?

HEART HEALTH NEWSLETTER

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INSIDE
WebMD
HealthyPets



For Dog Lovers

For Cat Lovers

DIABETES

QUIZ

WHAT'S YOUR TYPE 2 IQ?

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.

DIABETES NEWSLETTER

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Source: American Heart Association, the American Diabetes Association, and the [WebMD](http://WebMD.com) Diabetes Health Center



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Mira Sorvino

ACTOR



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.

How do you teach your kids healthy eating habits?
Like all kids, they're drawn to french fries and cupcakes, but I really try to enforce vegetables and fruits and limit the desserts. Like today, when my daughter came home from school, I served her some organic strawberries and grapes for a snack instead of a Popsicle.

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?
I like my lower lip. And my legs.

What health habit do you wish you'd had as a younger person?
I smoked on and off for about a decade and a half. I never smoked more than a pack a week, but I'm happy that I stopped that. I stopped the day my husband and I got engaged. He quit, too.

It happens to all of us, but how do you feel about aging?
I don't think anyone is that excited about getting older, except that the alternative is worse! I think age is an attitude and a mindset, and you are as young as you feel. You have to accept that time may do a tap dance on your exterior body, but if you keep your heart open and your mind spry, you're still going to really enjoy life all the way through. So that's my plan.—Julia Dahl

Read **Mira Sorvino's** full interview. WebMD.com

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Shape Shifter Can you get your pre-baby body back?



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

A ▶ 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.

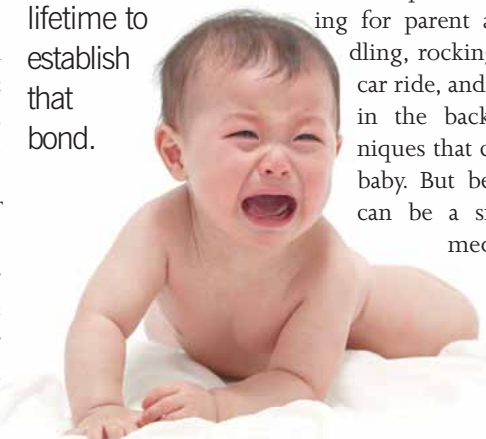


Sarah McMoyler, RN, BSN
WebMD PREGNANCY EXPERT

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.



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

A ▶ 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.



Sarah DuMond, MD
WebMD BABY CARE EXPERT

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Becoming a mom inspires the singer-songwriter to stay off the road, make an album for kids, and nurture her youngest fan, Kase

Jewel's new tune

By Stephanie Watson, WebMD Contributing Writer

WEST KENNERLY/GETTY IMAGES (2)

Reviewed by
Louise Chang, MD
WebMD SENIOR MEDICAL EDITOR



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—son 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, *Lullaby*, 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 *Lullaby* 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 lifestyle 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 make this our priority. This is what I want to be great at, and this is what I want 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."

Trade tips with other new moms in the [parenting communities](#).



WebMD.com



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 Fights: 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.

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 breastfeeding, 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.

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.

- While rice cereal has long been the recommended first food, it's time for mush to move over. The latest thinking is that any single-ingredient food—meat, fruit, vegetables, or cereal—is a good starting point as long as it covers the bases of small, soft, and smooth. While meat might be a surprise to some parents, it's a good choice because it's high in iron that's better absorbed by babies than that in infant cereal.
- Be on allergy alert. Wait at least three days before working a new food into the rotation so you can watch for allergies that can develop immediately, like swelling or breathing problems, or more slowly, like hives or eczema.



- 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 though, 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. ■

TOP LEFT: ANDERSEN ROSS/GETTY IMAGES; BRIAN HAGIWARA/GETTY IMAGES

Hungry for more **feeding advice?**  **WebMD.com**



Going mobile

Our 6- to 9-month milestones guide

By Gina Shaw
WebMD Contributing Writer

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 mobile.

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

8 MONTHS

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

Fine motor: Plays at picking up and dropping 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. ■

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What development can you expect in **the next few months?**  **WebMD.com**