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WE WILL BE  
ABLE TO  
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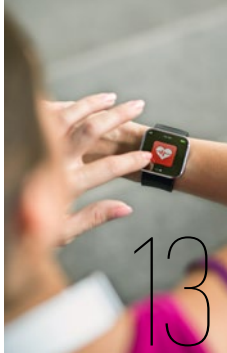
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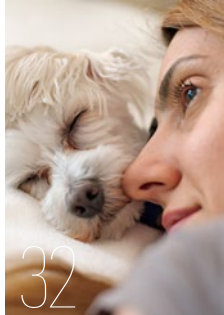
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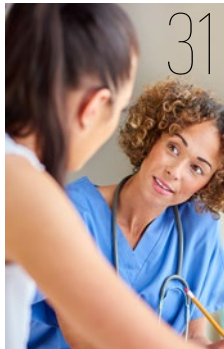
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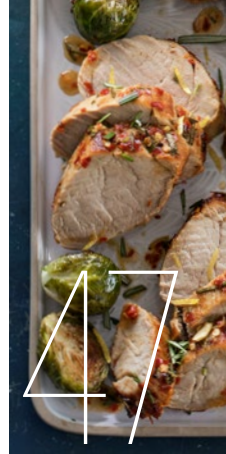
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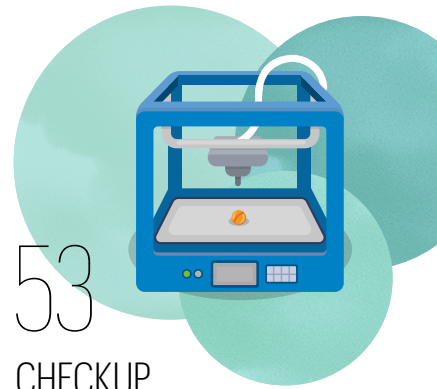
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## Editor's Note



Whether it's Giving Tuesday, helping others get through a challenge you've been through, or lending a hand in your community alongside family or friends, it feels great to give back. But is that good feeling actually good for your health? Turns out, volunteering not only helps others, but it may have a whole host of benefits for you as well. Research has shown that people who volunteer may live longer. It's also been tied to lower blood pressure, lower stress, and lower rates of depression later in life. So as we enter the season of giving, we thought we'd ask our staff what they do to give back during the holidays.

**Kristy Hammam**  
Editor in Chief  
kristy@webmd.com

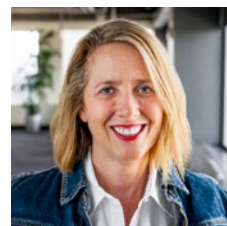
### FROM THE WEBMD TEAM

## How Do You Give Back During the Holidays?



**CLAUDIA FERN**  
WebMD Director,  
Strategic Accounts

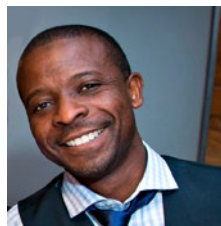
Throughout the year, my family and I give back by donating food and clothing to a local community center. During the holidays, we get more involved by serving dinner at a soup kitchen and bake and individually wrap desserts that are hand delivered to community members who are unable to travel.



**LEA ANN LEMING**  
WebMD Vice President,  
Audience Development

A few years ago, my family decided to forego holiday "stuff" and instead make donations to each other's chosen charities. Beyond helping people (and animals!), it's a great way to show we care for one another's values. At WebMD, we have a tradition of "adopt-a-kid" for the holidays — shopping and wrapping gifts for teens and tweens. It's festive and feels good.

This may sound cliché, but I give back by volunteering my time and services to local community organizations and events. I love web development and find that most non-profit organizations can always use a helping hand in updating their digital footprint. I also make it a point to get outside of my normal routine and extend a helping hand at local food drives for homeless veterans.



**LEEVA NT GLASS**  
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EMAIL THE EDITORS  
webmdmagazineeditors@webmd.net

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**CONTRIBUTING WRITERS**  
Christina Boufis, Sonya  
Collins, Heather Hatfield,  
Jodi Helmer, Ayren  
Jackson-Cannady,  
Katherine Kam, Lauren  
Paige Kennedy, Lisa  
Marshall, Matt McMillen,  
Erin O'Donnell, Gina Shaw,  
Stephanie Watson

**ADVERTISING SALES**  
NEW YORK

**CLAUDIA FERN**  
cferrn@webmd.net  
212-624-3728

**PATRIA RODRIGUEZ**  
prodriguez@webmd.net  
212-417-9542

CHICAGO

**TRACY KENNEDY**  
tkennedy@webmd.net  
312-416-9275

**ANNA NOVINGER**  
anovinger@webmd.net  
312-416-9278

WEST COAST

**NICOLE JONES**  
njones@webmd.net  
213-718-5550

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155 AVENUE OF THE AMERICAS  
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Elizabeth Elliott

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**BOOKINGS DIRECTOR**  
Susan Pocharski  
spocharski@gmail.com  
617-869-1713

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FACTS &amp; STATS

# Giving Back

When you give thanks by donating your time to help others, you get big rewards in return. People who volunteer report reduced stress, lower rates of depression, and better physical health than non-volunteers.



## 63 MILLION

Estimated number of Americans who volunteered this year. All told, they donated 7.8 billion hours.

## 75%

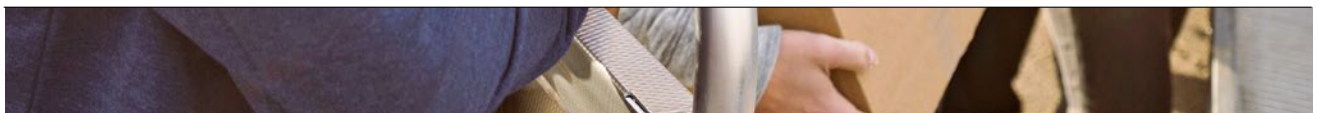
Percentage of volunteers who said the experience made them feel physically healthier. Some 93% said their mood improved as well.

## 2 TO 3 HOURS

Amount of volunteering time each week that research links to the greatest improvements in people's well-being.

## 90%

Percentage of people polled who said volunteering improved their social life.





**COLLEEN  
PARETTI**  
Editorial Director,  
colleen@  
webmd.com

## IN THE NEWS

# Sharing the Caring

We celebrate giving back in all kinds of guises in this year-end issue. But perhaps the most profound giving back many of us will eventually do — and some of you may be in the thick of it now—is caring for an aging parent. For most families, the experience can be understandably sad, overwhelming, even painful. But for others, the nearing of a parent's end of life brings out the worst in adult children, from acrimony and guilt-tripping to flat-out refusals to help. Relationships are damaged, maybe even destroyed. We take a look at this issue through the stories of two families who did the opposite: The siblings pulled together, made a plan, supported one another. "When you commit to a collaborative process . . . you're giving a gift to your parents," notes an expert we spoke to. **See "The Ties That Bind" on page 41**, for these siblings' secrets for success. — *Colleen*



## FOOD WATCH

About one in 10 parents say his or her child has gotten sick from eating spoiled or contaminated food. Nearly seven in 10 of those parents say a restaurant was to blame. Check restaurant grades—prominently displayed on the wall—to help evaluate risk.

SOURCE: C.S. Mott Children's Hospital



## PRESSURE'S ON

High blood pressure, or hypertension, during pregnancy can raise your lifetime risk for high blood pressure, type 2 diabetes, and high cholesterol. Those were the findings of a study that followed 58,671 women for up to 32 years after giving birth. Though they had none of these conditions before conceiving, the women who had high blood pressure during pregnancy were more likely to develop each of these risk factors for heart disease later in life. Women who have (or had) hypertension while expecting should talk to their doctors about lowering their risk for heart disease.

SOURCE: *Annals of Internal Medicine*

# 45%

Percentage of people with severe allergies who do not have an EpiPen nearby during an allergic emergency.

SOURCE: American College of Allergy, Asthma, and Immunology

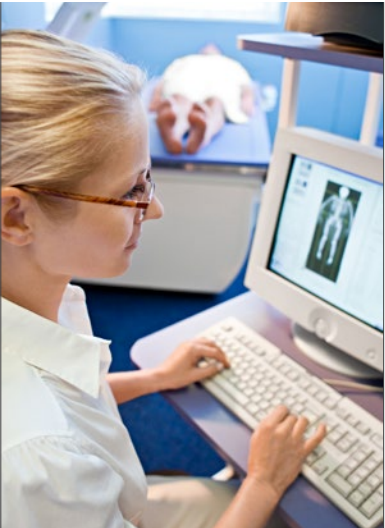




# LET’S GET PHYSICAL

Only one in four Americans gets enough physical activity. National guidelines recommend a minimum of 150 minutes of physical activity per week for most people.

SOURCE: CDC



# BUILD BETTER BONE DENSITY

Women whose bones don’t reach maximum possible density between the ages of 20 and 25 could be at increased risk for osteoporosis. While genetics plays a part in bone health, lifestyle choices—such as binge drinking—could make a difference. In a study of 87 female college students ages 18 to 20, those who had at least 115 heavy drinking episodes since starting high school—that’s one to two episodes per month—had lower bone density than those who drank less. The researchers defined heavy drinking as four or more drinks within two hours.

SOURCE: Journal of Studies on Alcohol and Drugs

GETTY IMAGES

# RECONSIDER SPANKING

Does sparing the rod spoil the child?

About eight in 10 parents spank their children by the time they reach kindergarten. But most pediatricians frown upon the practice. Three in four pediatricians are against physical discipline. The majority says that it never or seldom gets positive results. Most pediatricians say spanking is harmful, and few believe it is ever the only way to get a child to behave.

SOURCE: Journal of Developmental and Behavioral Pediatrics

GETTY IMAGES

1 IN 7

Number of U.S. adults who smoke. This is an all-time low.

# THE MARRIED HEART

Married people have lower risk of heart disease and fatal stroke than their never-married, divorced, and widowed peers. This could be because spouses, especially wives, encourage doctor visits and healthy lifestyles.

SOURCE: BMJ Heart



# STAND UP FOR YOUR HEALTH

Your job might require you to spend long periods of time sitting, but you have control over your free time. Get on your feet. People who spend six or more hours of their leisure time sitting every day are almost 20% more likely to die of up to 14 different diseases than people who sit for three hours or less of their daily downtime.

SOURCE: American Journal of Epidemiology



# HEALTHY DREAMS

Teenagers need nine to nine-and-a-half hours of sleep a night, but few get that much. Sleep-deprived teens could develop some serious health problems. Researchers tracked 829 adolescents’ sleep and physical activity for five days. They also took body measurements and gathered information about their diet. The kids who slept the longest and best each night—that is, they were asleep for the majority of the time they were in bed—had smaller waists, lower cholesterol, lower blood pressure, and better blood-sugar control. The good sleepers got these benefits regardless of physical activity and diet.

SOURCE: Pediatrics



## A LONG AND PERKY LIFE

A cup of joe a day has health benefits, but can you have too much of a good thing? When it comes to coffee, maybe not, new research suggests. In a study that included nearly half-a-million people, the coffee drinkers—all 387,494 of them—were less likely to die for any reason during the 10 years of follow-up than their peers. For each cup they drank per day, their risk of death went down. One cup a day reduced risk of death by 8%. A whopping eight cups slashed death risk by 14%.

SOURCE: JAMA Internal Medicine

# 76%

Percentage of African Americans who have high blood pressure by age 55. Compare that to 55% of white men and 40% of white women.

SOURCE: Journal of the American Heart Association

## #MeToo

Men who sexually harass their subordinates tend to hold powerful positions but fear being judged as incompetent, says a survey of 275 men.

SOURCE: Sex Roles



## MIND THE SHRINK

Your brain shrinks as you age. In a study of 4,213 people, those who ate the most fruits, vegetables, fish, and nuts had the greatest brain volume for their age.

SOURCE: Neurology

## YOUR BODY ON OVERTIME

Workaholics beware: Women who work overtime could be more likely to develop type 2 diabetes than the ones who knock off at 35 to 40 hours a week. In a study of 7,065 adults, after the researchers figured in the effects of smoking, drinking, and physical activity, they found that women who worked 45 or more hours per week were 63% more likely to get type 2 diabetes during the 12-year follow up. While men were more likely overall to develop diabetes during that time, more hours on the job seemed to lower their risk.

SOURCE: BMJ



# 50%

Percentage of adults ages 50 to 80 who take advantage of online access to their doctors.

SOURCE: National Poll on Healthy Aging





## YOUR BRAIN ON CHIPS

Why is it that one chip or other fatty, starchy snack isn't enough? Fats and carbs together trigger a stronger reward signal in the brain than either one alone. Researchers observed this when they took brain scans of 56 people while they looked at pictures of carb-only foods, fat-only foods, and foods that combined the two. What's more, even when people didn't particularly like the starchy, fatty snacks, their brain's reward centers still went into overdrive when they saw pictures of them.

SOURCE: *Cell Metabolism*

GETTY IMAGES

## HEALTH(IER) HABITS

Fewer teens are having sex and with fewer partners than before. They also report less drug use. Every two years, the CDC surveys teenagers about behaviors that raise risk for HIV and sexually transmitted infections. In 2017, 14% of young people surveyed had tried certain illegal drugs. That's down from 22.6% in 2007. The percentage of teens who've had sex is down from 47.8% to 39.5%. Teens who've had more than four partners fell from 14.9% to 9.7%.

But, among those who do have sex, fewer use condoms. Last year, just 53.8% used protection compared to 61.5% a decade earlier.

SOURCE: CDC



## NECESSARY SUNLIGHT

People who have obsessive-compulsive disorder, or OCD, often report trouble falling asleep at night. To make up for it, they tend to sleep later in the morning, which reduces the number of hours they see sunlight every day. This lack of sunlight could make OCD symptoms worse. When researchers looked at OCD rates in countries around the world, they found higher rates of the condition in regions that got less sunlight. The new finding could lead to treatments for OCD that focus on addressing sleep disorders and disrupted circadian rhythms.

SOURCE: *Journal of Obsessive-Compulsive and Related Disorders*



## PAIN ALTERNATIVES

One in four older adults who tried medical marijuana for pain were able to eliminate or greatly reduce their use of opioid painkillers. Nine in 10 would recommend it to others.

SOURCE: American Geriatrics Society

## NEARLY HALF

of U.S. adults tried to lose weight in the last year—56% of women and nearly 42% of men.

SOURCE: CDC



HELPING HANDS

## Time Well Spent

RESEARCH SHOWS CARING FOR OTHERS  
MAY BOOST LONGEVITY

**HELP THOSE AROUND YOU AND YOU'LL GET BIG RETURNS FROM YOUR TIME INVESTMENT**—possibly in the form of a longer life. In a study from the University of Basel, half of those who cared for their grandchildren or children were still alive 10 years after they were interviewed. Among those who didn't care for their loved ones, half died within the next five years. Altruism might affect brain circuitry in a way that helps to buffer the detrimental effects of stress on the body, the authors say. Yet other research shows that moderation is key. Putting too much time into caregiving can cause enough strain to harm your health. —STEPHANIE WATSON



# Fitness Finds

THE ULTIMATE GIFT GUIDE FOR THE MOST ACTIVE PEOPLE ON YOUR HOLIDAY SHOPPING LIST

BY Jodi Helmer **REVIEWED BY** Michael W. Smith, MD, CPT, WebMD Chief Medical Editor

**YOU MADE A LIST AND CHECKED IT TWICE—** and you still need to find the perfect gift for your favorite fitness fanatic. Brad Schoenfeld, PhD, personal trainer and assistant professor of exercise science at the City University of New York Lehman College, recommends putting these gifts under the tree.

**FOR THE GYM RAT:**  
**SESSIONS WITH A PERSONAL TRAINER**  
Even regular gym-goers might avoid unfamiliar machines or use improper form. A pro can provide one-on-one instruction about equipment and offer tips for getting more from a gym membership. “A personal trainer will customize a program to help them meet their fitness goals,” Schoenfeld says.

**FOR THE PASSIONATE CYCLIST:**  
**GEL SEAT**  
Riding a bicycle can be a literal pain in the butt. Treat your bicycling bestie to a seat upgrade. “A gel seat is much more comfortable, especially if you’re biking long distances,” says Schoenfeld. Know the model of his or her bicycle so you can choose a compatible gel seat that can be easily swapped out.

**FOR THE ASPIRING RUNNER:**  
**HEART RATE MONITOR**  
The newest heart rate monitors do much more than track beats per minute. Your favorite marathoner-in-training can monitor a target heart rate, distance, speed, calories burned, and more. Schoenfeld recommends a wrist model over a chest strap. “It’s easier to read while you’re on the move.”

**FOR THE GLOBETROTTER:**  
**RESISTANCE BANDS**  
The small, portable bands are a great gift for someone who needs to squeeze in workouts on the go. “You can tuck them in a suitcase and hit the road,” he says. Look for resistance bands with handles for added comfort and purchase a full set with low, medium, and high resistance for the gift that will keep a workout challenging for years.

**FOR THE CARDIO QUEEN:**  
**INSULATED WATER BOTTLE**  
Nothing is better after a hot yoga class or sweaty session on the treadmill than a cool drink of water. Look for an insulated model that will keep water chilled and can withstand being tossed about in a gym bag.

## 4 TIPS

KEEP YOUR GIFT-GIVING GAME STRONG WITH THESE POINTERS FROM PERSONAL TRAINER **BRAD SCHOENFELD, PhD.**

### 1. GENERIC IS GOOD

Yoga mats and workout bags are excellent one-size-fits-all gifts. Steer clear of shoes and other gear that must be expertly sized.

### 2. THINK OUTSIDE THE (GIFT) BOX

Passes to a new fitness studio or a gift certificate for a sports massage make great gifts in small packages.

### 3. SAFETY MATTERS

Include safety manuals or a session with a trainer so your recipient knows how to use new fitness gear or gadgets.

### 4. OPT FOR ADJUSTABLE

Choose dumbbells, resistance bands, and other equipment that can be adjusted so your gift can be used at all fitness levels.



Search for the slideshow  
**Fitness Tips for  
Beginner Athletes** at  
WebMD.com.

# Fear of Alzheimer's

STIGMA MAY PREVENT PEOPLE FROM HAVING THEIR SYMPTOMS EVALUATED, SLOWING THE DEVELOPMENT OF A POTENTIAL CURE

BY Lauren Paige Kennedy REVIEWED BY Arefa Cassoobhoy, MD, MPH, WebMD Senior Medical Editor



## FUTURE FOCUS

*Early diagnosis of Alzheimer's disease can help you and your family plan.*



Search for the quiz  
**Alzheimer's Myths and Facts** at WebMD.com.

A RECENT SURVEY CONDUCTED BY THE UNIVERSITY OF PENNSYLVANIA SHOWS that fear of being discriminated against after an Alzheimer's disease (AD) diagnosis may hinder people from getting their symptoms promptly assessed by a physician. But this delay robs them of important planning time. It may also stop them from joining research-driven clinical trials.

Today in America, 5.7 million people are living with AD, a neurodegenerative disorder that is the leading cause of dementia. AD causes progressive cognitive and behavioral decline, which may be the result of plaques and tangles in the brain. It's the sixth-leading cause of death in the U.S., killing more people than breast cancer or prostate cancer combined, according to the Alzheimer's Association.

Despite the world's top scientists and largest pharmaceutical companies committed to ongoing research, no viable cure appears to be on the horizon. Such a tough prognosis may be why stigma about an AD diagnosis still exists, says Beth Kallmyer, MSW, vice president of care and support at the Alzheimer's Association. "Fear keeps people from telling others when they first notice symptoms," she says. "They think nothing can be done—but there are things you can do to improve quality of life," including medications and nondrug options that can treat symptoms.

Proper diagnosis and assessment are key, Kallmyer adds: "We know there are many things that disrupt cognition. Sometimes it is dementia, but other times it's a medication interaction, or there could be other health issues going on. People need to talk to their doctors about an evaluation. Get your symptoms checked out. It might not be dementia."

If it is AD, early diagnosis better prepares you for the future. "You and your family can plan and make decisions now about how your care should go, as well as how your finances and health care will be handled later on," Kallmyer says. "These are important discussions to have."

Those who are still in the workforce should schedule a meeting with their human resources department. "You'll want to explore the benefits your employer offers—before cognitive decline puts you at risk for losing your job," she says.

Also, Kallmyer stresses, AD is a long disease: "Progression is variable, averaging four to eight years, but it can take as long as 20. Most people in the early stages of AD can still do all the things they've always done. They just may need some help. The more support they receive—and the more education family caregivers have—the better the experience will be for everybody."

## 4 STEPS

MAKE AN ALZHEIMER'S DISEASE DIAGNOSIS AS MANAGEABLE AS POSSIBLE WITH A FEW TIPS FROM **BETH KALLMYER, MSW.**

### 1. COMMUNICATE HONESTLY

People and friends don't always know how to respond," says Kallmyer, "and may falsely assume you can't make decisions anymore. Tell them: 'I may need support and reminders, but I'm still here.'"

### 2. KEEP LIVING

In a nod to how much those with Alzheimer's can still accomplish in the earlier stages of the disorder, Kallmyer says, "I call family members 'care partners,' not 'caregivers.'"

### 3. HELP RESEARCH

"If people don't get diagnosed, they won't know about clinical trials they can participate in—and possibly benefit from," she says.

### 4. CALL FOR HELP

The Alzheimer's Association offers a 24-hour, anonymous hotline for people who want to talk frankly, and without fear, about AD. Call 800-272-3900.





4  
CHANGES  
MAKE A FEW TWEAKS  
FOR BETTER BLADDER  
CONTROL, SAYS  
HOLLY THACKER, MD.

1 TAKE REGULAR  
. BATHROOM BREAKS

You may be able to “retrain” an overactive bladder by going on a set schedule and slowly extending the intervals between voiding.

2 LOSE WEIGHT IF  
. YOU’RE OVERWEIGHT

Even five pounds can make a difference by taking some pressure off your bladder.

3. DON’T IGNORE  
. CONSTIPATION

It causes internal pressure. Try to eat more fiber or ask your doctor if you should try a laxative.

4. LIMIT IRRITATING  
. FOODS.

Caffeinated drinks, acidic foods (like citrus), spicy foods, and chocolate may irritate your bladder. Limit your water intake, too—especially before bed.

GETTY IMAGES

Always  
Gotta Go?

WHETHER YOU CAN’T MAKE IT TO THE BATHROOM IN TIME OR JUST LEAK A LITTLE WHEN YOU LAUGH, HELP IS AT HAND

BY Barbara Brody  
REVIEWED BY Brunilda Nazario, MD  
WebMD Senior Medical Editor

ABOUT ONE IN THREE WOMEN SUFFER FROM URINARY INCONTINENCE, but that doesn’t mean it’s normal or that you have to live with it, says Holly Thacker, MD, director of the Center for Specialized Women’s Health at the Cleveland Clinic and executive director of speakingofwomenshealth.com. The key is getting over any embarrassment you may feel so you can discuss it with your doctor (or a specialist called a urogynecologist).

There are three main types: urge incontinence, stress incontinence, and mixed. Urge incontinence means you get a sudden sensation to urinate, and your bladder might empty itself “without permission,” says Thacker. Stress incontinence is when you release urine as the result of a physical stressor, like a belly laugh, cough, or a high-impact activity like jogging. Mixed is a combo of both.

Incontinence becomes more common after childbirth and with age. “After age 40 to 45, people start to lose muscle mass. And only about five bands of muscle hold up the neck of the bladder,” says Thacker. Gravity, too, starts to pull things downward, which can lead to prolapse (when the muscles holding up pelvic organs weaken so they fall out of place).

Lifestyle changes can help urge incontinence, but they might not totally solve your problem. Medication (oral drugs or patches) might help by relaxing the bladder muscles you so don’t feel like you have to go as often, but Thacker points out downsides such as constipation. Topical estrogen might also be an option; it thickens the skin in the vagina and the urethra so the area is less likely to become irritated.

For most incontinence cases, the best fix is to tone your pelvic floor muscles, such as with movements called Kegels, says Thacker. Kegels do work, but many women can’t do them because the required muscles are already too weak. That’s where pelvic floor therapy comes in.

Although you can see a pelvic floor therapist, that might not be necessary. Several at-home pelvic floor stimulator devices, like the ApexM, are available and very effective, says

Thacker. These gadgets essentially do the work for you by stimulating the muscles, causing them to contract. They’re expensive (around \$300) but worth it, she says.

“Most women who use [one] for five to 10 minutes a day, six days a week, are cured in about three months,” says Thacker, who adds that you should keep up the habit once a week after for maintenance.

Other possible treatments to discuss with your doctor include:

- Absorbent pads and underwear. These won’t fix your problem, but they can help keep you dry and avoid embarrassment.
- Disposable bladder support inserts. These look like a firm tampon and provide a temporary fix for stress incontinence.
- A pessary. This supportive structure (often a ring) is worn inside the vagina for weeks at a time. It’s

most useful for women who have prolapse but don’t want to have surgery.

- Injections of botulinum A toxin (botox), which paralyzes some of the bladder muscles so they don’t contract as much.
- Injections of a bulking agent, which can make the neck of the bladder thicker.
- Intermittent self-catheterization. If your bladder is not fully emptying on your own, your doctor may suggest inserting a catheter several times a day to reduce leakage.
- Surgery to correct prolapsed pelvic organs (usually considered a last resort).



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# Keeping up Appearances

WHY ARE MORE MEN LOOKING INTO COSMETIC PROCEDURES?

BY Matt McMillen

REVIEWED BY Michael Smith, MD, WebMD Chief Medical Editor

## AGE-DEFYING

*Non-invasive procedures like injectable fillers are popular among men.*



IN 2017, MEN UNDERWENT MORE THAN 1.3 MILLION COSMETIC PROCEDURES, such as injections to smooth wrinkles and tummy tucks to firm their bellies. That's a nearly 30% increase since 2000.

"Men want to look younger, too," says David Cangello, MD, a plastic surgeon at Lenox Hill Hospital in New York City, "and they are becoming more comfortable with aesthetic surgery in general. It's on the rise."

But surgical procedures take a backseat in popularity to quick, less expensive fixes like injectable soft tissue fillers that temporarily restore contours and volume to aging faces, says Cangello. Laser resurfacing, which reduces large pores and removes blemishes like age spots, scars, and sun damage, has also dramatically increased among men. The effects of these types of treatments can last from a few months to a few years.

According to a recent report from the American Society of Plastic Surgeons, demand for such non-invasive procedures has increased as much as 400% among men since 2000. Overall, though, men account for less than 10% of all cosmetic procedures. And since 2000, the numbers of surgical procedures performed on men has dropped by almost 50%. However, some have climbed upward again. The rates of three of the five most popular surgical procedures among men—liposuction, hair transplants, and eyelid surgeries—all increased from 2016 to 2017.

Surgery to address sagging eyelids has become particularly popular among older men, says Cangello, as have neck lifts, which aim to return definition to the jawline and neckline. Men in their late 20s to 40s, he says, often get liposuction to remove excess fat under the chin or implants to transform a weak chin. Cangello also performs liposuction to remove love handles and taper the waist.

"There's been a shift in how men think about their appearance," Cangello says. "The idea of undergoing such procedures in order to look our best has become less taboo."



Search for the slideshow **Nip and Tuck: Plastic Surgery for Men** at [WebMD.com](http://WebMD.com).

## ASK YOUR DOCTOR

**Q** What are your credentials? Make sure your surgeon has been certified by the American Board of Plastic Surgery, so you know he or she has proper training.

**Q** How often do you perform my procedure? This is a good indicator of the surgeon's level of expertise with certain techniques. Your surgeon should also have before-and-after photos as examples.

**Q** What does my procedure involve? Discuss the details of your elective treatment: the benefits, risks, and recovery time. Find out if you'll need time off from work.

**Q** What will my procedure cost? Your health insurance may not cover elective surgery, so you will likely pick up the entire bill. Get a full reckoning of all costs before you commit.





## SKIN CARE

# Hydration Station

THERE'S A SIMPLE REASON YOUR MOISTURIZER ISN'T WORKING, AND IT'S RIGHT ON THE LABEL

IF THE MOISTURIZER YOU'VE USED FOR YEARS JUST ISN'T CUTTING IT ANYMORE, CHECK THE LABEL—it may be missing one secret item. “Glycerin is a trifecta ingredient,” says David Pollock, a cosmetic chemist in Fort Lauderdale, Florida. “It nourishes the skin, acts as an emollient to soothe and soften the skin, and helps to increase skin hydration.” But there’s more: One of the coolest properties of glycerin is its ability to form a protective barrier wherever you apply it, locking in moisture. “The only drawback,” says Pollock, “is that if a product includes too much glycerin [more than 5%], you’ll feel sticky. Test the product, if possible, before buying.” —AYREN JACKSON-CANNADY



# Gift of Great Skin

TREAT EVERYONE ON YOUR LIST WITH THESE GIFT IDEAS RECOMMENDED BY **JANET PRYSTOWSKY, MD**, ASSOCIATE PROFESSOR OF DERMATOLOGY AND ATTENDING PHYSICIAN AT MOUNT SINAI IN NEW YORK CITY

BY Ayren Jackson-Cannady  
REVIEWED BY Karyn Grossman, MD,  
WebMD Medical Reviewer



**1. FOR STUFFING STOCKINGS**  
**Dove Beauty Bars, \$6 (4-pack)**  
“A lot of other cleansers will strip your face of its natural oils, which will dry you out and make you more prone to infections like acne. Dove’s beauty bars and washes replace those natural oils so that you can cleanse your face while still maintaining a soft, dewy complexion.”

**2. FOR THE MEN IN YOUR LIFE**  
**The Art of Shaving Sandalwood Mid-Size Kit, \$60**  
“Many of my guy patients love using this brand’s pre-shave oil before working a lather for shaving. They find it makes for a cleaner shave that’s kinder to their skin.”

**3. FOR THE BUSY MOM**  
**Obagi ELASTIderm Eye Cream, \$110**  
“Mom is worth this splurge! This contains clinically proven ingredients (like vitamin E and algae) for firmer-looking

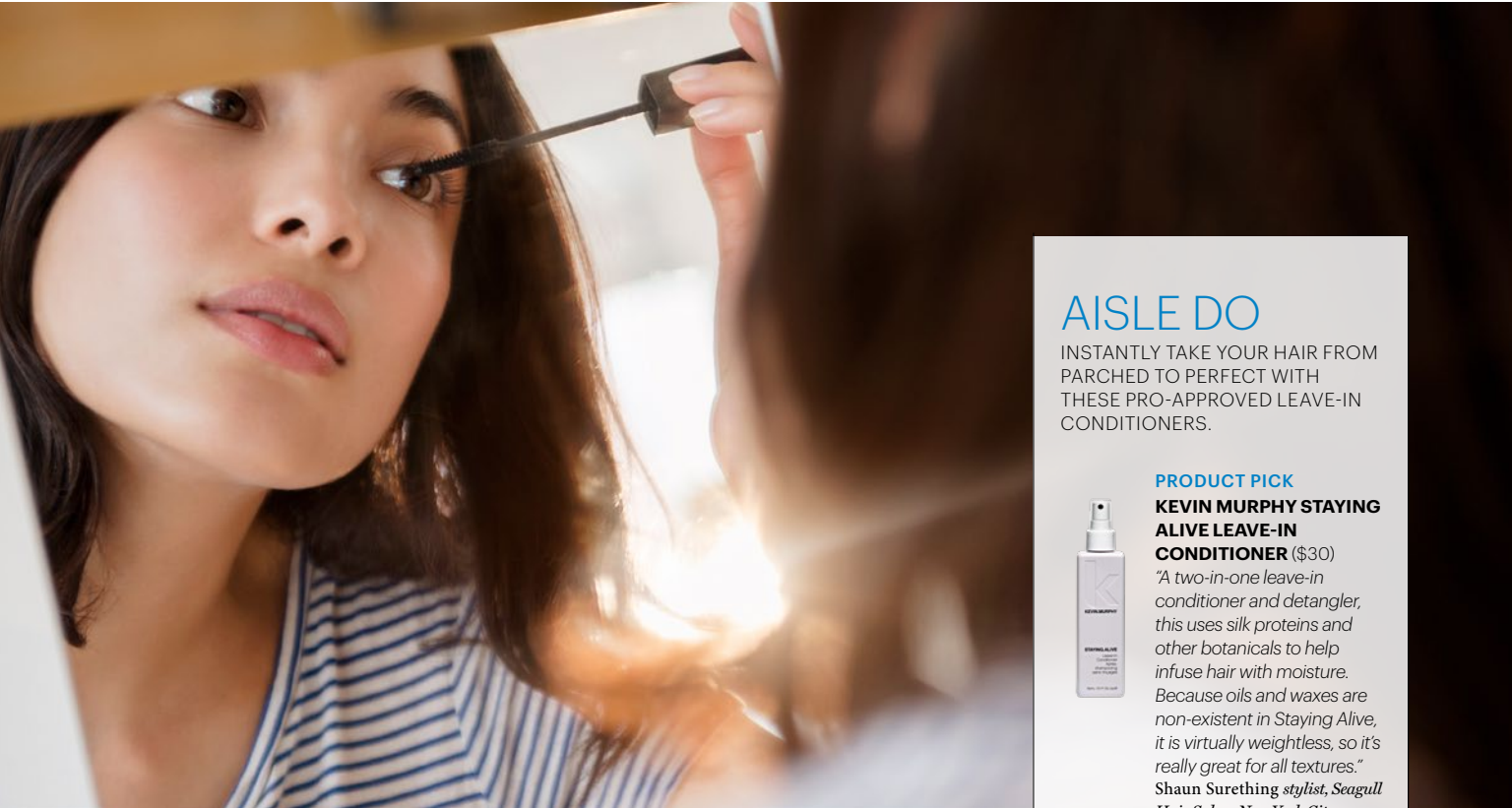
and more resilient-looking skin around the delicate eye area, helping mom to look wide awake and refreshed.”

**4. FOR THE SKI BUNNY**  
**Livad Snowbird Bundle, \$72**  
“I particularly love the After Sun care product in this bundle, especially for winter getaways. If you get a little too much sun on the slopes, it’s a fantastic product. People burn on the slopes because of high altitude, reflection off the snow, and a lack of sunscreen.”

**5. FOR THE NATURAL BEAUTY**  
**Vaseline Winter Wonderland Holiday Rosy Lips Lip Tin, \$3**  
“During the holiday season I am always looking to have Vaseline’s Lip Therapy on hand for my patients. It hydrates lips for hours.”

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### AISLE DO

INSTANTLY TAKE YOUR HAIR FROM PARCHED TO PERFECT WITH THESE PRO-APPROVED LEAVE-IN CONDITIONERS.



**PRODUCT PICK**  
**KEVIN MURPHY STAYING ALIVE LEAVE-IN CONDITIONER** (\$30)

*"A two-in-one leave-in conditioner and detangler, this uses silk, proteins and other botanicals to help infuse hair with moisture. Because oils and waxes are non-existent in Staying Alive, it is virtually weightless, so it's really great for all textures."*  
Shaun Surething *stylist, Seagull Hair Salon, New York City*



**PRODUCT PICK**  
**KÉRASTASE NECTAR THERMIQUE** (\$37)

*"Protect hair from the heat of a blow dryer or other styling tools by applying a dime-size amount of this leave-in conditioner beforehand. Pay special attention to the ends, which are often the most damaged."*  
Lucy Garcia Planck *stylist, Bergdorf Goodman, New York City*



**PRODUCT PICK**  
**UNITE 7SECONDS DETANGLER** (\$30)

*"Easy to use, this quickly brings dry, straw-like hair back to life while protecting and moisturizing thicker locks. Use just a few shots and comb through on towel-dried hair to detangle, hydrate, and provide great UV and heat protection."*  
Fae Norris *stylist, Neighborhood Salon, Echo Park, California*

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# Make Your Makeup Last

ENSURE YOUR LOOK WILL LAST ALL NIGHT WITH THESE EXPERT TIPS ON HELPING YOUR PRODUCTS STAY PUT

**BY** Liesa Goins  
**REVIEWED BY** Mohiba K. Tareen, MD, WebMD Medical Reviewer

WHEN MAKEUP IS DESCRIBED AS LONG-WEARING, IT SHOULD LIVE UP TO ITS NAME, RIGHT? While these formulas do have more staying power than the standard versions, they're not infallible. "We tend to expect too much from long-wearing formulas," says Tonya Riner, a celebrity makeup artist in Houston. "They need a little bit of help to look natural and last as long as possible." Here's how the experts keep their makeup in place.

**PREP**  
"It's important to allot the time to prep the skin before makeup," says Gwynne Mims Minter, beauty expert and owner of Gloss Goods in Jacksonville, Florida. "When the skin is plumped and smoothed with hydration, makeup glides on

easier and you find that you need less than you think."  
Apply your moisturizer as usual, but make sure you allow time for it to absorb. This is especially important with concealer. "A bit of eye cream under your eyes will help keep concealer from going on too thick and settling into lines," Riner says. She likes IT Cosmetics Bye Bye Under Eye Illumination (\$24) for its brightening and moisturizing benefits.

**PRIME**  
You have to treat your skin like a canvas, says Mickey Williams, a

celebrity makeup artist in New York City and founder of Share the Glam. "When you need makeup to last, you must prime the skin before adding color," she says. Williams suggests TIZO Photoceutical AM Replenish SPF 40 Sunscreen Primer (\$50) to smooth over imperfections.

If you're wearing eye shadow, primer is crucial to prevent smudging and creasing. Riner applies a layer of Urban Decay Eyeshadow Primer Potion (\$13) on eyelids before shadow. It contains silicones and polymers that hold eye makeup in place. If she's creating a smoky eye, she'll swipe it along the lower lash line as well.

**BLEND**  
Rather than lay on a thick coat of your foundation, Riner suggests using a makeup sponge to stipple it on in light layers. "Foundation will last longer if it looks like part of your skin rather than sitting on top," she explains. A few drops will blend seamlessly and wear longer than a heavy coat of makeup.

**REFRESH**  
If you're heading out for the night, you don't need to start over or add more makeup, Williams says. "Wet a Beauty Blender and gently dab the areas where your makeup has settled," she explains. "Then apply makeup lightly where you need a refresh."

**BLOT**  
Blotting sheets are a must to keep makeup looking fresh. "Blotting removes oils that make makeup smudge and move," Riner explains. You can also use the sheets to blot between steps. Williams suggests blotting after applying moisturizer and foundation to remove excess, making sure to blot eyelids as well. Riner likes Tatcha Original Japanese Blotting Papers (\$12).

**HIGHLIGHT**  
Mims Minter warns against heavy contouring for evening looks because the darker tones can make shadows look more pronounced. She suggests using a

highlighter that blends more naturally and provides a long-lasting lit-from-within glow. Her pick is RMS Beauty Living Luminizer (\$38). She places it on the cheekbones, space between eyebrows, tip of the nose, Cupid's bow, and tip of the chin.

**SWIPE**  
Mascara is notorious for smudging and running the longer you wear it. The solution is to use the right formula. "The best mascara for long-wear is by far 'tubing' formulas," Williams says. They literally form tubes around lashes that can only be removed with warm water, so they don't flake or smudge. She likes Kevyn Aucoin The Volume Mascara (\$28).

**SMOOTH**  
To keep your lip color from kissing off after the first sip of a drink, Mims Minter

*Continued on page 23*

 Search for the video [How to Gently Remove Eye Makeup](#) at WebMD.com.

## THE SCOOP

### See the Light

LIGHT THERAPY IS THE LATEST SKIN-CARE TECHNOLOGY MAKING ITS WAY FROM DOCTOR'S OFFICES TO AT-HOME DEVICES. HERE'S WHAT THE TREATMENT CAN DO, SAYS **TSIPPORA SHAINHOUSE, MD**, A CLINICAL INSTRUCTOR AT THE UNIVERSITY OF SOUTHERN CALIFORNIA.

**CALM ROSACEA**  
In-home handheld and in-office blue-light laser treatments can prevent rosacea breakouts. "Blue light helps block some of the pro-inflammatory metalloproteinase enzymes in the skin, which are the likely rosacea propagator for most patients," says Shainhouse.

**SOFTEN WRINKLES**  
Red light can help diminish fine lines and wrinkles. The light rays, which are painless and non-invasive, tunnel into skin to jump-start circulation and collagen production, which in turn helps smooth out wrinkles.

**THICKEN HAIR**  
Light therapy treatment for the scalp—in the form of a hat or handheld comb—emits wavelengths of red light to stimulate hair growth.

**TREAT ACNE**  
For those with sensitive, irritated skin, light therapies that use a soft blue light can kill acne-causing bacteria without any stinging or burning, says Shainhouse. Red light can also treat deeper acne to calm inflammation.



# Beauty

*Continued from page 22*

exfoliates lips before applying color. She advises using a gentle scrub with hydrating ingredients like Ilia Balmy Nights (\$26) to remove dry skin and moisturize.

## LAYER

Combining textures can help lock makeup into place, Mims Minter says. “Apply a cream shadow then set with a corresponding powder to give the color a deep, rich effect,” she suggests. Adding a

layer of lip liner before color can also help the pigments stay in place.

## PACK

You can’t expect to make it through the night without at least one touch-up, so bring a few essentials in your bag. Riner says blotting sheets, a makeup sponge, and your lip color are necessities for refreshing your look and ensuring your makeup lasts as long as you do.

“APPLY A CREAM SHADOW THEN SET WITH A CORRESPONDING POWDER TO GIVE THE COLOR A DEEP, RICH EFFECT.”

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## DIRTY SECRET

‘Help—I pick and squeeze my blemishes.’

### SKIP THE SCARS

“When you pick and squeeze a blemish, you risk causing irritation and infection that will make it harder for the pimple to heal. Worse yet, you can traumatize the skin and cause permanent scarring. I suggest applying a topical spot treatment containing benzoyl peroxide or salicylic acid and using a cool compress to reduce the swelling.”

### TIMING COUNTS

“Dermatologists never recommend you pop your own pimples, but we know that’s not realistic for most people. Instead, I tell patients to know when to pop and when to stop. You should only extract a pimple that has come to a white or yellow head—that’s when it’s easiest to extract and there is the least danger of scarring.”

### KNOW WHEN TO STOP

“Before attempting to pop a pimple, thoroughly clean your skin and hands and wrap clean tissue around your fingers. If nothing comes out with gentle pressure or if you see blood, stop immediately!”

—Sandra Lee, MD, dermatologist, Upland, California, and host of TLC’s “Dr. Pimple Popper”

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# Micellar Water

WHAT MAKES THIS NO-RINSE CLEANSER WORK

BY Liesa Goins

REVIEWED BY Mohiba K. Tareen, MD,  
WebMD Medical Reviewer

## WATER WORKS

What makes micellar water different from water that comes out of your tap is the addition of micelles—mild cleansers that group together in microscopic spheres—suspended in purified water.

## CLEAN SWEEP

Micellar water is most effective when used with a cotton ball or pad. The cleansing molecules have a head and a tail. The head is naturally attracted to the cotton while the tail grabs dirt and oil, so it can sweep across your skin and grab impurities.

## GENTLE WASH

These cleansing formulas are free of alcohol and soap, so they tend to be gentle on skin. Look for the addition of hydrating ingredients like glycerin for added moisture.

## FRENCH TWIST

The no-rinse cleanser originated in France as a way to avoid washing with the notoriously hard water in Paris. One bottle of the French staple Bioderma Sensibio H<sub>2</sub>O is sold every five seconds somewhere in the world.

## MAGIC ERASER

The water is a handy tool for fixing makeup mistakes. Dip a cotton swab in the cleanser to sweep up eye shadow fallout, neatening lip-stick smudges, or clean up eyeliner smudges to create a perfect cat eye.

## BRUSH WITH GREATNESS

A weekly soak in micellar water can rinse away the dirt and makeup that accumulates on your makeup brushes. Fill a bowl with the cleanser, swirl your brushes around, and wipe them on a clean towel.

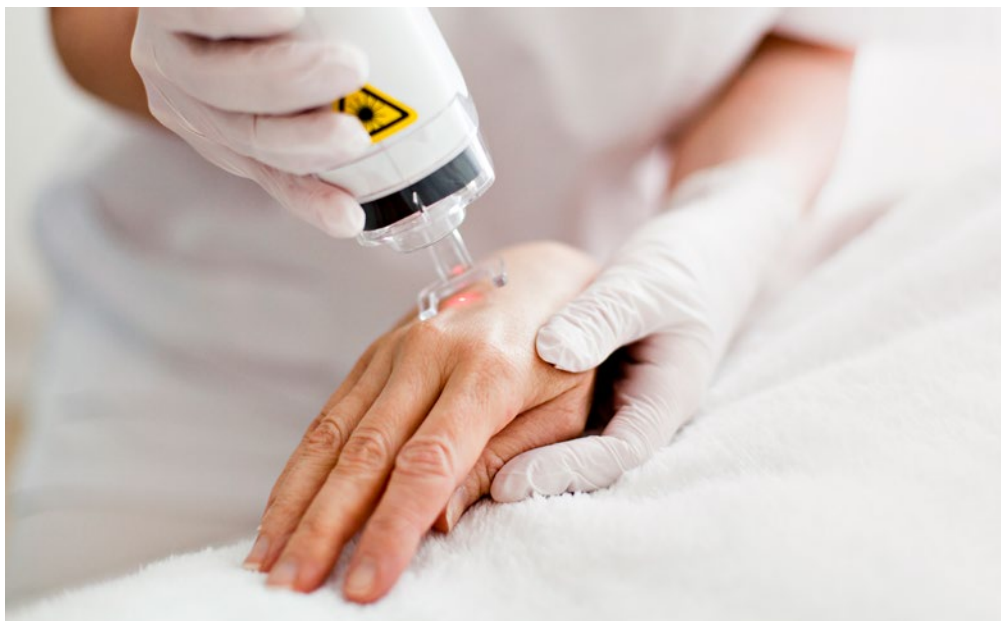


Search for the article **Skincare Basics** at [WebMD.com](http://WebMD.com).

# Laser Focus

NEW ADVANCES IN LASER TECHNOLOGY CAN IMPROVE YOUR SKIN'S APPEARANCE LIKE NEVER BEFORE

BY Kara Mayer Robinson REVIEWED BY Mohiba K. Tareen, MD, WebMD Medical Reviewer



DERMATOLOGISTS USE LASERS—FOCUSED BEAMS OF LIGHT—TO TREAT MULTIPLE SKIN WOES. “They are quite effective, including for hair removal, age spots, spider veins, rosacea, broken blood vessels, sun damage and aging, scars, certain types of birth marks, and tattoo removal,” says **Monique Chheda, MD**, a dermatologist in suburban Washington, DC.

Lasers are powerful, quick, and require minimal downtime. But they’re not covered by insurance, and you may need multiple treatments to maintain results. Chheda answers a few common questions.

## Q Do lasers hurt?

**CHHEDA** “It depends upon the area being treated, how strong the settings are, what’s being targeted, and how deep it penetrates. Some lasers, called ablative lasers, heat and vaporize the top layers of skin so new, younger-looking skin will grow. They’re more painful and require numbing prior to treatment.”

## Q How quickly will I see results?

**CHHEDA** “Typically, you’ll have a series of treatments. With each treatment, there’s greater improvement. Results vary from person to

person and depend on the condition being treated and your skin type or color.”

## Q What can’t lasers treat?

**CHHEDA** “They’re not effective for removing white, gray, light blonde, or red hair. Fine hairs are difficult to remove. They don’t treat moles. They’re not routinely used for skin cancers. In darker skin, more caution is used to prevent burns, discoloration, or scarring.”

## Q What about risks?

**CHHEDA** “Although they’re safe, they can definitely cause damage in untrained hands. Always seek out a board-certified dermatologist with laser training to ensure optimal results and maximum safety.”

## Q Any latest advances?

**CHHEDA** “Recent advances are picosecond lasers, which are much more effective for tattoo removal. Another is fractional technology, which has revolutionized the ability to treat aging, sun damage, scars, stretch marks, and melasma. It creates tiny micro-injuries in the skin instead of uniformly injuring the skin, which allows faster healing time and lower risk of side effects—and still produces great results.”



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## 4 STEPS

READY FOR LASER TREATMENT? PAY ATTENTION TO A FEW POINTERS FROM DERMATOLOGIST **MONIQUE CHHEDA, MD**, TO MAXIMIZE RESULTS.

### 1. START WITH A CONSULTATION

Schedule a visit with a board-certified dermatologist. She'll evaluate your skin, choose the best treatment, and give you pre-treatment instructions.

### 2. EMBRACE THE SHADE

Stay out of the sun before treatment. Having a tan increases your risk of side effects and burns.

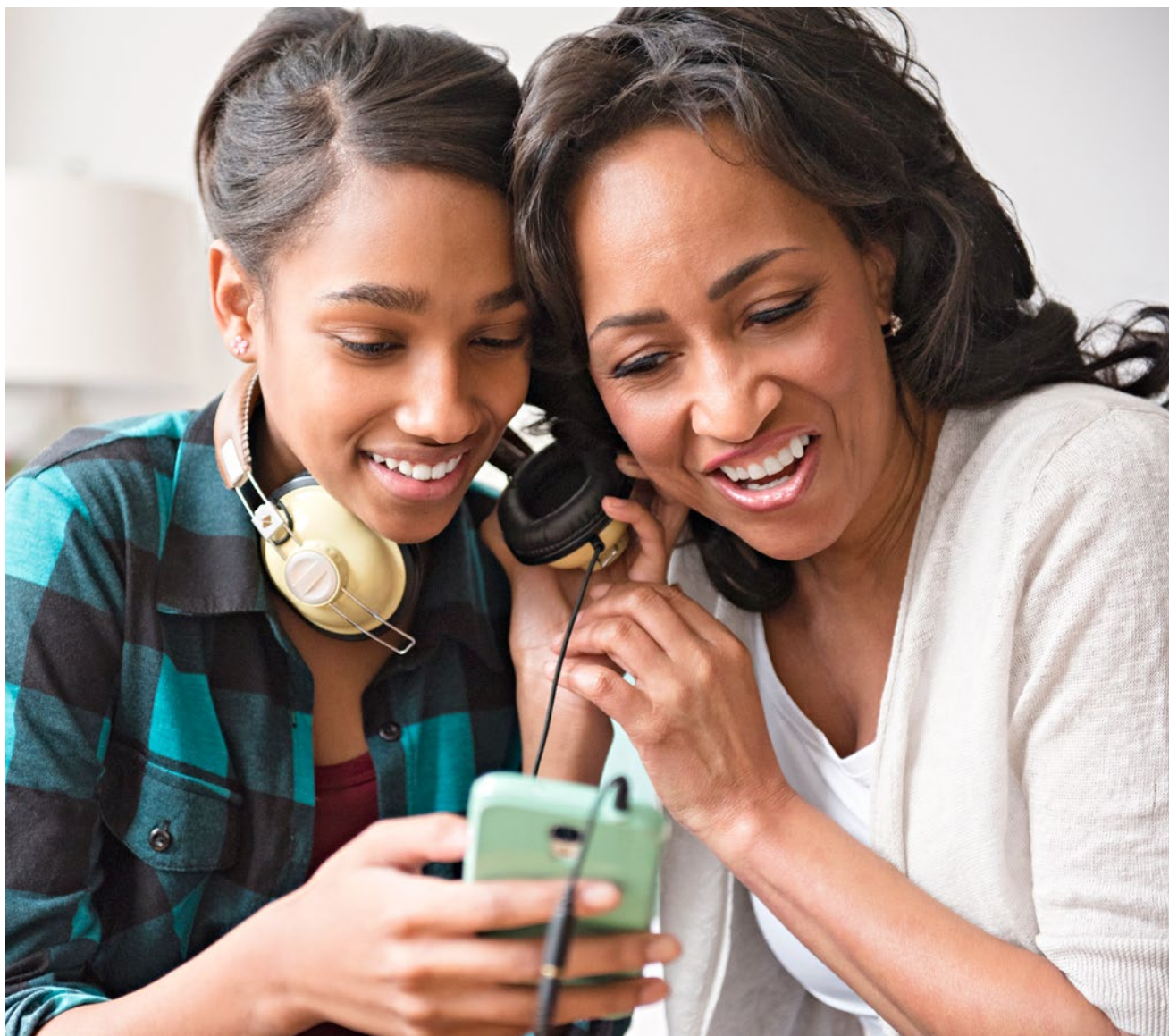
### 3. PREP PROPERLY

If you're getting laser hair removal, avoid waxing, threading, and plucking for at least two weeks prior to treatment.

### 4. BE GENTLE

After your treatment, follow a gentle skin-care routine. Avoid harsh scrubs, exfoliants, and irritating skin products.





IN RHYTHM

## All Together Now

LISTENING TO MUSIC WITH YOUR KIDS CAN LEAD TO A MORE HARMONIOUS FAMILY RELATIONSHIP

THE NEXT TIME YOUR KIDS POP IN A PAIR OF EARBUDS TO PLAY THEIR FAVORITE TUNES, ask them to unplug and let the whole family listen in. Research from the University of Arizona shows that families who share musical experiences—whether singing along with the car radio or attending concerts together—have a closer relationship. The teenage years in particular are a prime time for melodic family bonding. The authors say music helps families get more in sync with one another and potentially like each other more. Songs also evoke emotions that make parents and kids more empathetic toward one another. —STEPHANIE WATSON

# Sitter Ready

YOU'VE SPENT MONTHS PREPPING FOR YOUR BABY'S ARRIVAL, BUT HAVE YOU CONSIDERED WHO'LL WATCH HER WHEN YOU NEED A NIGHT OUT?

BY Stephanie Watson REVIEWED BY Nivin C.S. Todd, MD, WebMD Medical Reviewer

**NURSERY DECORATIONS, ONESIES, AND CAR SEATS MIGHT PREOCCUPY YOUR LAST FEW WEEKS OF EXPECTANT MOTHERHOOD,** but finding the right sitter should also rank high on your to-do list. It's never too early to select and interview potential candidates so you'll have someone already on board when you plan your first outing sans baby.

Even if you get recommendations and do interviews, the sitter you hire might not come with the requisite skills to keep your baby safe. According to a recent study in *The Journal of Pediatrics*, many sitters put babies in their care to bed in unsafe sleep positions.

One way to ensure your baby is in good hands is to hire someone who has taken a babysitter training class.

"As far as skill sets, the more they know, the better," says Adriana Higuera, a preparedness, health, and safety instructor at the American Red Cross, which offers such classes. "We highly recommend that they learn CPR. We also provide specific training in choking, which is unfortunately a leading cause of death and injury in kids 5 and younger."

Babysitting classes also cover the basics of infant care, like how to change a diaper, pick up and hold a baby, calm a crying infant, and put the child in a safe sleep position to help

avoid SIDS (sudden infant death syndrome).

When you interview prospective sitters, Higuera suggests that you have a list of questions ready: What is your past babysitting experience? What ages were the kids you watched? Are you comfortable watching an infant? If possible, watch the sitter interact with your baby and observe his or her comfort level.

Sleep position is one safety issue you definitely need to discuss. "We recommend always [placing babies on the] back, whether it's to put them to sleep at night or during naptimes," Higuera says.

Sitters should also know never to leave your child alone with food or small toys, even for a few seconds. "Choking in younger kids is mostly due to being unsupervised while they're eating, food that isn't cut up properly, or the child running around with something in their mouth," says Higuera.

Finally, establish some parameters—like where the sitter can take your baby. You might want to make riskier areas of your home, such as the pool, off-limits.

Cell phones and social media should also be off-limits while the sitter is on duty. "They should not be on the phone with friends. They should always be present, monitoring, playing with the kids, and involved," Higuera says.

## 4 TIPS

AMERICAN RED CROSS INSTRUCTOR **ADRIANA HIGUERA** EXPLAINS HOW TO PREPARE BEFORE LEAVING A SITTER ALONE WITH YOUR BABY.

### 1. ESTABLISH RULES

Set up some family ground rules. When is bedtime? Should the sitter answer the phone and doorbell? When should she call you? Make your expectations clear.

### 2. LEAVE NUMBERS

Post a list of emergency numbers by the phone or on the fridge. Include the local fire station and police, poison control, and your cell, plus a neighbor or nearby relative's number. In an emergency, sitters should always call 9-1-1 first.

### 3. LOCK UP POISONS

Put all cleaning products, paints, chemicals, and other dangerous substances in a locked cabinet or on a high shelf.

### 4. STOCK A FIRST-AID KIT

Fill it with bandages, gauze rolls and pads, ice packs, tweezers, antibiotic ointment, and anything else your sitter might need to treat minor injuries.

#### SAFETY FIRST

*Discuss sleep position with sitters to be sure they always place your baby on his or her back.*



GETTY IMAGES



Search for the article  
**Baby Safety** at  
WebMD.com.



# Juice Free

WHAT'S IN THAT BOTTLE OR SIPPY CUP? NEW RECOMMENDATIONS FROM LEADING PEDIATRICIANS SAY YOU SHOULD FOCUS ON BREAST MILK AND FORMULA IN BABY'S FIRST YEAR.

BY Erin O'Donnell REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor



**PARENTS MIGHT THINK OF FRUIT JUICE AS A HEALTHY DRINK FOR BABIES**, but a recent statement by the American Academy of Pediatrics (AAP) changes the previous guidelines, which said 100% fruit juice was okay for babies 6 months and older. The latest advice—to go entirely juice-free in baby's first year—is designed to prevent babies from consuming too many calories from juice and diminishing their appetite for beverages that they need more.

"For the first year, the emphasis should be on breast milk, or for babies who aren't breast feeding, formula," says Stephen Daniels, MD, PhD, pediatrician-in-chief of Children's Hospital Colorado, and former chair of the AAP nutrition committee. "So for babies younger than 1 year, that means no juice." Babies who consume breast milk or formula regularly do not need the vitamins and other nutrients in fruit juice, he adds.

Another problem with juice: Parents usually give it to babies in bottles or sippy cups, which exposes gums and developing teeth to sugar for extended periods, increasing their cavity risk. "And if kids are carrying a sippy cup around and drinking juice all day, it's very easy to drink too much," Daniels says.

After babies turn 1 year, the AAP recommends that they drink whole cow's milk unless there is a family history or risk of heart disease or obesity. (Your toddler may need reduced-fat milk in that case.) Parents can introduce small amounts of 100% juice at that point. The AAP recommends limiting consumption to no more than four ounces (about a half-cup) of juice a day, offered in an open cup, not a sippy cup or juice box. "If it comes down to a choice between whole fruit and juice, whole fruit wins every time," Daniels says. Giving your baby pieces of tender pear or some no-sugar-added applesauce provides more beneficial fiber than juice and slows her calorie intake. The AAP encourages parents to teach toddlers and kids that whole fruit is preferable to juice.

Still, Daniels stresses that parents need not outlaw juice entirely. "Fruit juice is convenient, easy to store, and easy to transport," he says, and it offers important nutrients such as vitamin C. "But it shouldn't be more than half of the daily fruit requirement, and it shouldn't be in portion sizes that are too big."

Search for the article **Baby Safety** at WebMD.com.

## 4 TIPS

PEDIATRICIAN **STEPHEN DANIELS, MD, PhD**, OFFERS THESE GUIDELINES ABOUT FEEDING BABY IN HER FIRST YEAR OF LIFE.

### 1. STICK TO BREAST MILK OR FORMULA

The AAP recommends breastfeeding until 12 months of age. If moms can't nurse, Daniels recommends formula. These should be baby's sole source of nutrition for the first six months.

### 2. MOVE ON TO COMPLEMENTARY FOODS

Once baby is 6 months, continue to give her breast milk or formula, but begin to offer baby foods such as vegetables, fruits, and meats. Introduce foods one at a time to spot possible allergies.

### 3. DON'T BE DETERRED

When your baby tries a new food, she will often make a face. "This shouldn't be interpreted as 'never give me that food again,'" Daniels says. "You may have to offer a new vegetable 10 to 15 times before it becomes acceptable."

### 4. CHOOSE COW'S MILK

After baby's first birthday, "milk becomes a really important part of the diet," Daniels says. The AAP recommends whole milk unless your family has a history of heart disease or obesity. In that case, your baby may need reduced-fat cow's milk.

# At a Loss for Words

MANY PARENTS MISS THE EARLY SIGNS OF SPEECH DISORDERS IN THEIR CHILDREN. HOW CAN YOU GIVE YOUR CHILD THE BEST START COMMUNICATING WITH THE WORLD AROUND HIM?

BY Gina Shaw REVIEWED BY Hansa Bhargava, MD WebMD Senior Medical Editor

EVERY PARENT EAGERLY AWAITS A CHILD'S FIRST WORDS. But many don't notice when those words develop a little too slowly, experts say. In a new national poll from the American Speech-Language-Hearing Association (ASHA) released last spring, 69% of more than 1,100 audiologists and speech-language pathologists surveyed said that parents of young children aren't aware of the early signs of speech and language disorders.

Taking a "wait and see" approach until a child is in preschool or kindergarten can mean missing a critical developmental window, says ASHA president Elise Davis-McFarland, PhD. "Children acquire a majority of their foundational speech and language skills between birth and 3 years of age. Hearing and listening to language is the primary way young children learn."

Note, however, that there's a wide range of "normal" when it comes to early language development. Most babies say at least a few simple words like "mama" and "dada" by their first birthday, while some precocious little ones talk earlier and others may take a bit longer to articulate those first words. So how can you tell if a child is "just a late talker" or if something else might be going on?

- Not babbling by about 9 months. By this time, your baby should be making the "baba" and "gaga" sounds that are classic "baby talk."
- Saying no words or only a very few words by about 18 months.
- Not putting words together by 18 months to 2 years.
- Saying fewer than about 50 words by age 2.
- Not understanding speech by about age 3. "About three-quarters of what a child says should be understandable to the people around them by age 3, and pretty much all of what they say should be understandable by age 4," says Elizabeth Crais, PhD, a professor in the department of speech and hearing sciences at the University of North Carolina School of Medicine.

Progress is key, adds Davis-McFarland: "As your child gets older, they should be going from 'cookie,' to 'want cookie' to 'Mama, I want a cookie.' They may be a little late at each of these stages, but if you are seeing steady progression, that's a good sign. If you're not sure, screening and evaluation can tell you what your child should be doing at this age."

## GET HELP

If you think your child may have a speech disorder, where can you go for help? Your pediatrician is always a good first stop.

- If your child is younger than 3, contact your state's Early Intervention program. These interdisciplinary programs can evaluate your child's needs and provide services from occupational therapists, speech and language therapists, physical therapists, and social workers.
- For children older than age 3, these services are provided through the public school system. Even if your child goes to a private school or day care, he or she is still eligible for screening and intervention through the public schools. Contact the school system in your area and ask about early childhood screening.
- ASHA also has a campaign called Identify the Signs ([www.identifythesigns.org](http://www.identifythesigns.org)), which includes a search page for finding professional help.

"Usually these screenings are free, and in many cases, the Early Intervention screeners will even come to your house," says Elizabeth Crais, PhD. "If you have concerns, most of the time your gut is telling you the right thing. These disorders are treatable, and the earlier they are detected the better the outcomes are."



Looking for a doctor?  
Use WebMD's **Physician Finder**. Go to [WebMD.com/findadoctor](http://WebMD.com/findadoctor).

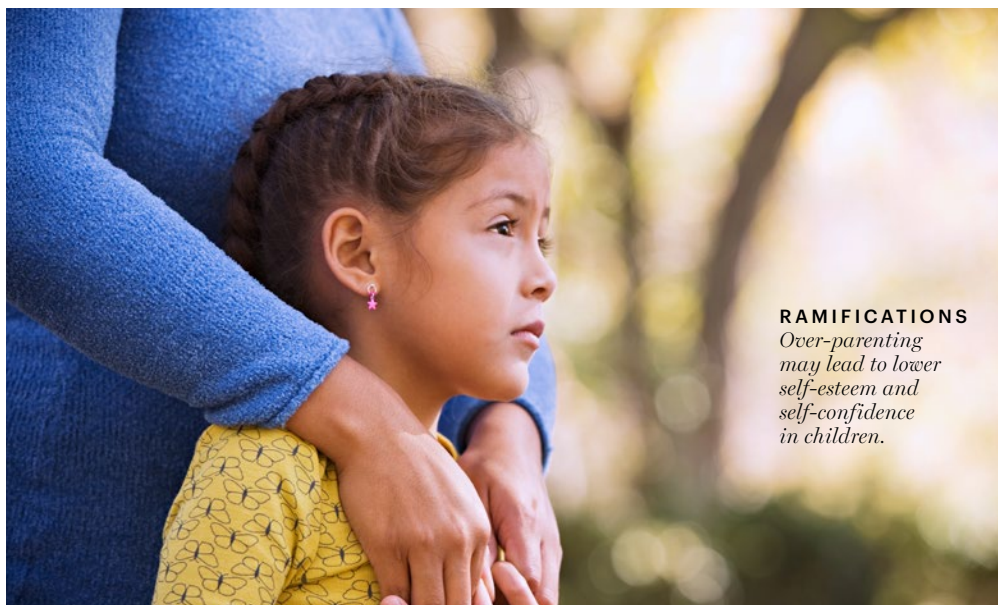




# Helicopter Harm

DOES OVER-INVOLVED PARENTING STUNT YOUR KIDS' LONG-TERM EMOTIONAL HEALTH? SIGNS—AND SCIENCE—POINT TO YES.

BY Rachel Reiff Ellis REVIEWED BY Roy Benaroch, MD, WebMD Medical Reviewer



## RAMIFICATIONS

*Over-parenting may lead to lower self-esteem and self-confidence in children.*

**HELICOPTER PARENTING ISN'T A NEW PHENOMENON**, but research about how it affects kids over time has only just started to emerge. The results are telling. A study published in June 2018 in *Developmental Psychology* showed strong evidence that parents who insert themselves too often as their children try to navigate the world keep them from developing the mental muscle they need for coping with life challenges down the road.

Naturally, you want to protect your child from negative experiences, but when you make a habit of it, you're setting them up for other emotional hardships later on, says Chrystyna Kouros, PhD, associate professor of psychology and director of the Family Health and Development Lab at Southern Methodist University.

"Helicopter parenting deprives children of opportunities to learn and practice crucial skills like problem solving, regulating their own behavior, and making decisions on their own," she says.

What's more, when you take over instead of teach, you may also chip away at your child's self-worth. "There's some evidence that helicopter parenting is correlated with children having lower self-esteem and self-efficacy, which is confidence in your own abilities," Kouros says.

Swooping in to solve problems like a bad grade, forgotten homework, or a fight with a friend sends the message that you don't believe your child is capable of handling hard stuff.

Often, it's when over-parented kids go off to college that these signs start to surface. "The research studies are only a half-decade old, but they do find links between helicopter parenting and academic disengagement," says Kouros. Helicoptered kids tend to do worse in school at the college level and don't have as much buy-in to do their work. Kouros also notes that some limited evidence indicates kids' mental health suffers—with some developing anxiety and depression.

These aren't the effects you may expect from a parenting behavior that stems from a place of love and concern—and that's what makes the lasting harm hard to imagine. In fact, college kids whose parents helicopter often report having a very warm and close emotional bond with them, says Kouros. "Helicopter parents are well-intentioned," she says. "They step in because they want to make things easier for their child."

But if your aim is to raise a child into an independent, self-sufficient, emotionally stable adult, you're better off backing off.



Search for the slideshow  
**7 Signs You Might Be  
A Helicopter Parent** at  
WebMD.com.

## 4 WAYS

**CHRYSTYNA KOUROS, PhD**, OFFERS SOME STEPS FOR STEPPING BACK FROM HOVERING OVER YOUR KIDS.

### 1. START EARLY

Independence doesn't happen overnight. Set the tone when your child is young by assigning age-appropriate tasks like picking out their own clothes or prepping simple snacks.

### 2. AVOID COMPARISONS

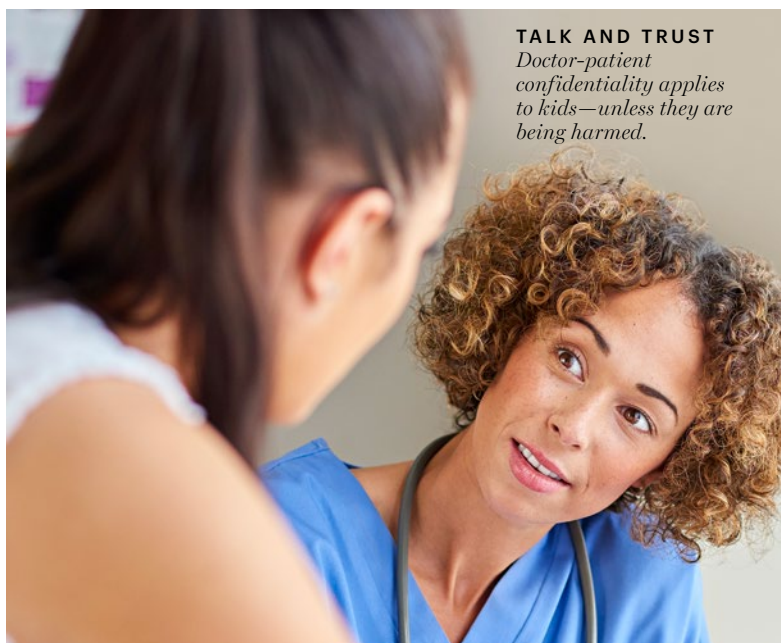
Even kids of the same age can have different developmental needs. Don't use other parents' practices as an excuse to helicopter your own.

### 3. PRACTICE FAILURE

Begin with low-stakes situations like forgotten homework or a bad grade on a quiz. A zero may sting, but it's unlikely to make your child flunk the class—and will help teach resiliency.

### 4. PARENT FOR THE LONG-TERM

Before jumping in, think, *Do I really need to help, or would it just make me feel less anxious?* Short-term struggles help teach kids future coping skills.



**TALK AND TRUST**  
*Doctor-patient confidentiality applies to kids—unless they are being harmed.*

## #TeensToo

SEXUAL ASSAULT HAPPENS TO KIDS OF ALL AGES. PEDIATRICIANS HELP PROTECT THEM AS THE FIRST-LINE DEFENDERS OF YOUNG PEOPLE.

BY Lauren Paige Kennedy

REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

NATIONAL DATA SHOW THAT TEENAGERS AND YOUNG ADULTS AGES 12 TO 34 HAVE THE HIGHEST RATES OF BEING SEXUALLY ASSAULTED OF ANY AGE GROUP, according to the American Academy of Pediatrics (AAP). Sexual assault is defined as any nonconsensual sexual contact or when contact occurs with victims who are too young to offer legal consent.

Thanks to official guidelines released by the AAP in 2013, pediatricians now follow clear protocols for when and how to address this sensitive issue in exam rooms, as well as what to do if a young patient discloses that a friend, stranger, adult authority figure, or family member has acted inappropriately—and likely illegally.

“This is such an important problem to shed light upon,” says Cora Breuner, MD, FAAP, chair of AAP’s committee on adolescence. “We instruct pediatricians to

ask kids as young as 8 or 9 years of age about any unwanted touching they might have experienced—to let them know it’s never OK for someone to do that, but it’s always OK to tell.”

She adds that outside of a doctor’s office, she hopes parents and even teachers begin addressing these concerns as early as preschool, “so kids understand healthy boundaries” when it comes to their own physical autonomy.

While parents remain in the exam room with kids younger than 13—and may be surprised to hear their pediatrician asking such questions—guidelines do allow a physician to request a parent to step out momentarily. This is because “children who show signs of abuse during the physical exam, or who hem and haw about answering certain questions, may not want Mom or Dad in the room when they disclose,” Breuner explains.

Once a child reaches adolescence, parents are routinely expected to leave the room when the conversation begins. She adds that during physical exams, teens and parents are always given the option of having a physician’s assistant present as an added safety measure.

During “the talk,” it’s especially important, Breuner says, to share how drugs and alcohol can lead to impairment, which can lead to sexual assault; that “no means no—every time”; and that kids always have the right to say no and have their resistance respected.

When a child or teen confirms sexual assault to any degree, from fondling to rape, pediatricians are legally required to report it—even if a kid begs them not to. Reporting guidelines vary from state to state; doctors are instructed to research them online at The Child Welfare Information Gateway.

“We tell children and teens that doctor-patient confidentiality always applies—unless a child is being harmed or is harming someone else. Then we have to say something,” says Breuner. Once reported, state authorities and local law enforcement determine next steps.

 Sign up for the [Parenting Message Board](#) at [WebMD.com](#).

### 4 FACTS

PEDIATRICIAN **CORA BREUNER** KNOWS FIRSTHAND HOW TEENAGERS CAN BE VICTIMIZED. “WHEN MY SON WAS A FRESHMAN IN COLLEGE HE CALLED ME IN TEARS,” SHE SAYS. “A GIRL HAD BEEN ASSAULTED AT A PARTY. HE ESCORTED HER TO THE ER.”

#### 1. WHO ABUSES?

Studies show that nearly three-quarters of all adolescent sexual assaults are perpetrated by an acquaintance or relative of the adolescent. Older teens are most commonly victims during social encounters. In younger teen victims, the assailant is more likely to be a member of the adolescent’s extended family.

#### 2. BEWARE OF STIGMA

While men commit 90% of rapes, “victims of sexual assault can be either gender,” Breuner says. “A high degree of stigma still remains for boys to disclose.”

#### 3. WHAT TO LOOK FOR

Obvious signs of sexual assault during a physical exam include vaginal and/or anal pain or bleeding. Other red flags can include eating and anxiety disorders, according to AAP.

#### 4. DON’T DELAY

Follow-up can include forensic testing, toxicology reports, and sexually transmitted disease testing. “It’s essential doctors report immediately so all procedures are conducted correctly and in a timely fashion,” Breuner says.





**CUTE CAREGIVERS**  
*Pets can provide comfort and support just by being close to their owners.*

PETS

# Pets With Benefits

COMPANION ANIMALS PROVIDE COMFORT AND EMOTIONAL SUPPORT TO OWNERS WITH MENTAL ILLNESSES

BY Jodi Helmer

REVIEWED BY Will Draper, DVM, WebMD Medical Reviewer

**SERVICE DOGS RECEIVE SPECIALIZED TRAINING TO HELP THOSE LIVING WITH VISUAL AND HEARING IMPAIRMENTS, SEIZURES, DIABETES, AND OTHER HEALTH CONDITIONS;** their colorful “service dog” vests indicate these are not ordinary pets.

But while service dogs provide important assistance, new research shows that pets do not need special training—or service dog status—to improve the lives of their owners.

Research published in *BMC Psychiatry* reviewed 17 studies that explored the effects of companion animals on those living with mental health issues such as depression, schizophrenia, and bipolar disorder. The studies showed that pets provided emotional support, a sense of purpose and well-being, and reduced stress, according to researcher Helen Brooks, PhD, lecturer at the University of Liverpool.

“Pets are constantly around. That kind of closeness—always being

next to their owners, not asking for much in return, and being an immediate source of support—was what people valued,” Brooks explains.

Caring for pets also requires a routine, which can be important for good mental health. A 2018 study published in *The Lancet Psychiatry* found that sticking to a regular rhythm decreased the likelihood of developing major depression and bipolar disorder.

“Owning a pet was important in terms of getting people out of bed in the morning and engaging in routine but also connecting them to others,” Brooks says.

Of all the animals included in the studies, dogs provided the greatest opportunities for exercise and social connectedness thanks to their need for regular walks. Other pets, including cats, hamsters, rabbits, and even goldfish proved to be valuable companions to owners with mental health conditions.

“I was quite surprised at how important pets were in terms of distracting people from upsetting feelings and experiences,” says Brooks. “Pets bring an important source of humor, and people said their pets could distract them [from negative thoughts and self-talk] just by doing silly things.”

## BY THE NUMBERS

 Search for the slideshow **How Pets Can Improve Your Health** at [WebMD.com](http://WebMD.com).

**16 MILLION**  
Number of American adults who had at least one major depressive episode in the last 12 months.

**36.5%**  
Percentage of U.S. households that own dogs. Some 30.4% of households own cats.

**6.5 MILLION**  
Number of companion animals that enter U.S. animals shelters each year in need of homes.

GETTY IMAGES



PHOTOGRAPHY: JASON FRANK ROTHENBERG

# personal JOURNEY

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EMMY AWARD-WINNING TV HOST AND BEST-SELLING COOKBOOK  
AUTHOR *Sandra Lee* OFFERS A REVEALING LOOK INSIDE HER  
BREAST CANCER SURGERY IN A NEW HBO DOCUMENTARY

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BY STEPHANIE WATSON REVIEWED BY BRUNILDA NAZARIO, MD, WEBMD SENIOR MEDICAL EDITOR

While walking down a fluorescent-lit hallway at Mount Sinai Hospital's Dubin Breast Center in New York, Sandra Lee came upon a room filled nearly floor-to-ceiling with discarded beds, tables, and chairs. *This is a hot mess*, she thought, immediately envisioning ways to reorganize the space. Just two days after undergoing a double mastectomy—cancer surgery to remove both of her breasts—she couldn't resist the urge to redesign. But just moments after leaving the room, Lee broke down in tears.

"I'm not good at disorganization and chaos," she says. "I think that somehow, subconsciously, I must have been feeling completely out of control. That is a challenge for me."

Lee has been firmly in control since her childhood in Sumner, Washington. To feed herself and her four siblings on a limited budget, she resourcefully developed a repertoire of recipes using inexpensive, pre-packaged ingredients like canned soup and biscuit mix. She parlayed those "semi-home-made" meals into a bestselling book series and a string of Food Network shows.

In late March 2015, the then-48-year-old reigned over a multimillion dollar food and lifestyle empire when *People* magazine honored her as one of its "Most Beautiful." Just minutes after she'd completed a photo shoot for the issue, her doctor called with test results from a recent mammogram: Lee had ductal carcinoma in situ (DCIS)—an early form of breast cancer.



# “Cancer. THAT WORD WILL PUT THE FEAR OF GOD IN YOU LIKE YOU’VE NEVER FELT BEFORE.”

That's how Lee narrates the start of her new HBO documentary, *Rx: Early Detection—A Cancer Journey With Sandra Lee*, which premiered in early October.

The film offers a frank and unflinching look inside Lee's diagnosis and treatment. By giving producer/director Cathy Chermol Schrijver and her small handheld camera total access—from diagnostic imaging to operating room to recovery—Lee hopes to give other women with breast cancer the knowledge they need to make more informed treatment decisions.

“When I was diagnosed, I went online, as everybody does, to get as much information as possible. And what I needed was not available,” Lee says. “What I needed was to see the consequences my decision was going to have. What did it look like for me to make a decision to be as aggressive as possible?”

The film is co-executive produced by actor and cancer survivor Kathy Bates, who was diagnosed with breast cancer and had a mastectomy in 2012. “Lee allowed access—the cameras were everywhere from the beginning of her diagnosis, all the way through the surgery and the aftermath,” Bates says. “It was very painful to watch, especially for somebody who's been through the surgery. When I saw it, I thought, *I have to get on board.*”

## CRITICAL DECISIONS

Cancer hadn't been on Lee's radar until a routine mammogram picked up an anomaly. “What's interesting is that I

normally go [for mammograms] in August, but for some reason this particular year was busy, and I thought I'd just get everything out of the way early. I went in in March. That's five months early. So I was very fortunate. It was divine intervention for sure,” she says.

Her diagnosis—DCIS—is the earliest, noninvasive stage of breast cancer. Cancer cells are confined to the milk ducts and haven't spread to other parts of the breast or to the rest of the body (see sidebar for more about DCIS). Yet it's hard to forecast the future for women with this diagnosis. Some will develop invasive breast cancer, others won't. And doctors can't accurately predict which women are at risk.

For that reason, treating DCIS isn't one-size-fits-all. “Most women who can safely have a lumpectomy [removing the tumor and some healthy tissue around it] will choose to do that,” says Lee's breast surgeon, Elisa Port, MD, who is the director of the Dubin Breast Center. Usually lumpectomy is followed by radiation therapy. Depending on the extent of the cancer, other options include a total mastectomy (removing one breast) or a double mastectomy (removing both breasts).

Often the decision hinges on three factors: How much cancer is in the breast, whether there are multiple areas of cancer in one breast, or if a woman carries cancer susceptibility genes like BRCA 1 or BRCA 2, Port says. Lee's cancer was in three separate areas of her breast, and it had traveled throughout her duct system.

Personal preference plays into the decision, too. “You feel like you're a sitting duck,” says Kristi Funk, MD, a breast cancer surgeon and medical director of the Pink Lotus Breast Center in Los Angeles. “That stress, living with the anxiety and fear of recurrence or new cancer in the opposite breast, or dealing with the surveillance required can all push a woman toward choosing a double mastectomy.”

The increased risk of developing DCIS or invasive cancer in the opposite breast is small—about 1% each year—but “it's a very personal decision,” says Lori J. Goldstein, MD, professor of medical oncology and deputy associate director of clinical research at Fox Chase Cancer Center in Philadelphia. “It just depends on what level of risk a woman is willing to live with.”

Lee says she chose the more radical surgery because, “I wanted to be as aggressive as possible. I'd like to be on the planet for as long as possible.”

## PARTNERS IN RECOVERY

Cancer treatment can be a long and lonely road, but Lee had a strong support network. Her longtime partner, New York Governor Andrew Cuomo, was by her side throughout her treatment and recovery. He walked her into the operating room (she refused to be wheeled in on a gurney), and whispered in her ear, “You're a beautiful lady from the inside out” before her surgery.

She says she never worried that removing her breasts might diminish his affection for her: “Our relationship is past that. And he's not shallow like that.”

Cuomo, along with Lee's sister, Kimber, helped nurse her back to health. And Cuomo was there when her recovery hit a snag in August 2015 and she was re-hospitalized for an infection.

A few celebrity breast cancer survivors also guided her through the process. “Rita Wilson advised me when no one knew I had it. Melissa Etheridge was very open with me. Robin Roberts was my sister through the whole thing,” Lee says. “These women—these sisters who understood what it would mean if people found out—were behind the scenes in that six-week period of time. They very profoundly thoughtful and were my core group that I could ask things of.”

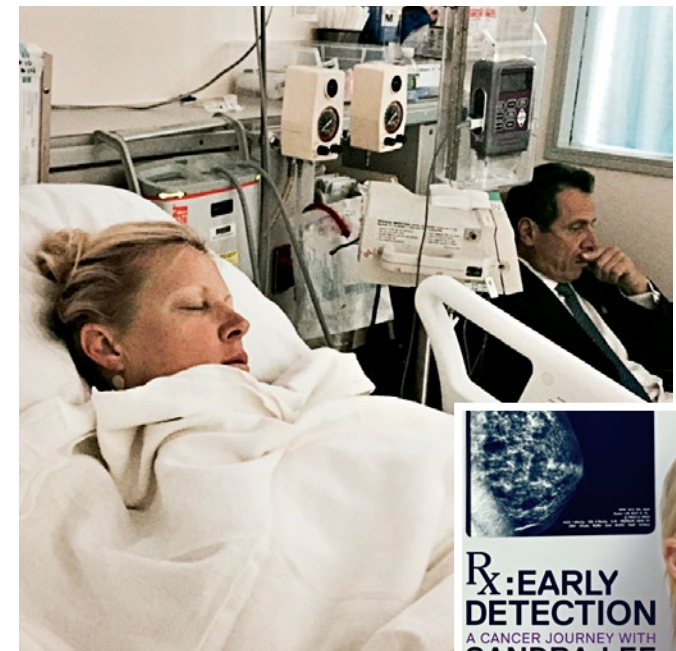
In September 2015, almost exactly four months after her double mastectomy, Lee announced on the Emmy red carpet that she was cancer-free. She's since had surgery to reconstruct her breasts.

## PAYING IT FORWARD

Lee has become a vocal advocate for early breast cancer detection. “It's one of the ways to ensure you will live as long as you can,” she says.

Breast cancer screening guidelines differ by organization, but most groups recommend that women who are at average risk start having annual or biennial screenings between ages 40 and 50. When you start screening and how often you get mammograms “is very individual,” says Goldstein, based on your family history and other factors.

Yet many women don't have the luxury of getting routine mammograms. “One of the reasons why women don't get in to have their annual is because they may be deciding between paying rent, paying for heat, or buying food,” Lee says. “Another reason is time. The clinics and hospitals are only open from 9 to 5 or 8 to 4. So we have taken those two challenges off the table in New York.”



The HBO documentary follows Lee through her cancer treatment and (left) highlights support of her partner, New York Gov. Andrew Cuomo.

In 2016, she teamed up with Cuomo to introduce new legislation called No Excuses. The law extends screening hours at hospitals and clinics, requires insurance companies to pay all co-pays and deductibles, and offers paid leave to public employees for breast cancer screenings. She's now taking the proposal to governors and first ladies around the country in a grassroots effort to get the law passed in other states.

“People who need care who can't afford care will be able to get it, thanks to Sandra's bill,” Bates says. “I just caught fire from her.”

“I feel like through my messaging and my openness, we will be able to save lives and have women diagnosed early rather than later,” Lee says. Her message has already

resonated close to home. After her diagnosis, three women in Cuomo's office—all in their 30s and 40s—were encouraged to get mammograms. All three were diagnosed with breast cancer.

Since her cancer therapy, Lee has had to work to regain her equilibrium. Three years after her surgery, “I finally feel like I'm back to me,” she says. “I'm getting my energy back, and I'm getting my focus back. My life is where it needs to be—well-rounded and thoughtful—and that's all I can ask for.”

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Shouldn't Miss** at WebMD.com.

## treating DCIS

Ductal carcinoma in situ, or DCIS, is the earliest stage of breast cancer. It forms in the milk ducts of the breast.

### WHERE DOES DCIS DEVELOP?

If you were to peer inside each breast, you'd see what looks like an upside-down cluster of grapes. The grape-like structures are milk-producing glands called lobules. At the end of each cluster is a stem, or duct, that carries milk to the nipple. DCIS hasn't spread beyond the ducts. “In situ” means “in place.” For years, experts have argued over how exactly to define and treat this cancer, given that some women with DCIS will never develop invasive cancer.

### A SPECTRUM OF DISEASES

The challenge is that it doesn't behave the same way in every woman. “We know DCIS is a spectrum of diseases. Some are aggressive. If left alone, they will absolutely progress to invasive cancer and become life-threatening,” says Elisa Port, MD. “There's low-, intermediate-, and high-grade DCIS.”

### PINPOINTING TREATMENT

DCIS needs to be treated, but the choice of therapy can vary. “The question is which surgery is best for the patient, and some of that is based on the location and how many areas of disease there are. And some of it is based on a patient's choice,” says Lori J. Goldstein, MD. “The decision is made with the patient and the physician.”





Search for the video  
**Women, What's Your  
Body Telling You?**  
at WebMD.com.



GETTY IMAGES

BY GINA SHAW

REVIEWED BY AREFA CASSOOBHOY, MD, MPH  
WEBMD SENIOR MEDICAL EDITOR

# MISHEARD

**WHY ARE WOMEN LESS LIKELY THAN MEN TO GET  
THE CORRECT DIAGNOSIS, TREATMENT, AND CARE  
THEY NEED? AND WHAT THEY CAN DO ABOUT IT?**

**WHEN KATY SEPPI FIRST GOT HER PERIOD, THE PAIN  
WAS SO DEBILITATING THAT SHE FREQUENTLY  
MISSED SCHOOL.**

“I also had really heavy periods,” she says. “In high school, my mom taught me to use two super tampons at once so I could go to school. My dad once had to take me to the hospital because I was having such bad pelvic pain on one side. But the ER doctor just said that I was probably ovulating, and it was normal to have more pain with ovulation.”

Over the next 20 years, she saw a wide range of doctors, seeking relief from the monthly misery of her menstrual cycle. “I saw gynecologists, family physicians, gastroenterologists, naturopaths,” says Seppi, now a 36-year-old social worker for an Atlanta nonprofit. “None of them could figure out what was wrong. The GI doctors told me I probably had irritable bowel syndrome. With the gynecologists, I was told, ‘Oh, that’s just what having a period is.’ Some thought my symptoms were

psychological and asked if I had been sexually abused when I was younger.”

It was only after she had trouble getting pregnant and then began pursuing fertility treatments at age 34 that Seppi finally learned the answer: She had endometriosis, a painful disorder in which tissue that normally lines the inside of the uterus—the endometrium—instead grows outside the uterus.

“The reproductive endocrinologist suspected my diagnosis within five minutes of talking to me, and she was the first doctor who ever mentioned this disease to me,” says Seppi. “By the time I was diagnosed, my illness had gotten so bad that my ovary was adhered to my uterus, both ovaries were full of blood-filled cysts. I was having back and hip issues and in pain daily.”

Finally, she had a treatment—but at a cost. “In the past two years, I have had two laparoscopic surgeries—one was six hours long and included a hysterectomy. I have so much anger and pain about how long it took me to get diagnosed



and treated. It meant over 20 years of severe pain, and it cost me my fertility.”

## COMMONLY MISSED DIAGNOSES

Seppi's experience with endometriosis is one shared by hundreds of thousands of women.

The American College of Obstetricians and Gynecologists estimates that while endometriosis affects one in 10 women of reproductive age, they wait an average of six to 10 years for an accurate diagnosis after the first symptoms appear.

**DELAYED AND MISSED DIAGNOSES ARE COMMON FOR WOMEN WITH MANY OTHER DISORDERS AS WELL, INCLUDING:**

**HEART DISEASE:** Women have a 50% higher chance of getting an incorrect initial diagnosis, even after having a heart attack.

“Women in almost all age groups also have higher rates of death during hospitalization for heart attack than men do,” says Elsa-Grace Giardina, MD, a professor of medicine and founder of the Center for Women’s Health at the Columbia University Medical Center in New York. That disparity is particularly high in the under-50 population, when women are more than twice as likely to die in the hospital compared to men.

**STROKE:** Women are about 30% more likely than men to have symptoms of a stroke misdiagnosed and be erroneously sent home from the emergency room. And even once they are diagnosed, women are less likely to receive the clot-busting drug tPA than men.

**AUTOIMMUNE DISEASES:** Many, including multiple sclerosis, lupus, rheumatoid arthritis, and thyroid disorders, are more common in women. Overall, 75% of Americans with autoimmune diseases are women, and it takes a person with an autoimmune disease an average of 4.6 years and five doctors before getting a correct diagnosis.

**PAIN:** Women have a lot more trouble than men getting pain taken seriously, whatever the cause. For example, a

study found that women who go to the emergency room because of abdominal pain—not related to pregnancy or a known injury—were less likely to get pain medications or opiates and waited longer to get the drugs. A report called “The Girl Who Cried Pain” found that women are not only less likely to receive aggressive treatment when diagnosed with pain, they’re also more likely to have their pain dismissed as “emotional” or “not real.”

Many of the delays and misdiagnoses affecting women can be traced back to how doctors and other health professionals are educated, says Marjorie Jenkins, MD, the founder and chief scientific officer of the Laura W. Bush Institute for Women’s Health at Texas Tech University Health Sciences Center. In 2016, she published the first national student survey of sex and gender in medical education, which found that

to your doctor’s office, there might be some inherent, implicit bias that providers aren’t aware of, because it’s been taught to them since they were starting out.”

## THE DIAGNOSIS GENDER GAP

Experts say other factors can make it difficult for women to get an accurate diagnosis.

**DIFFERENT SYMPTOMS:** In some cases, women and men have different symptoms when they have the same condition—and doctors are more used to recognizing the male version. For example, while chest pain is the most commonly reported symptom of

a heart attack in men, women typically also report subtler signs such as fatigue, indigestion, shortness of breath, and pain in the neck, jaw, or arms. Women and their

doctors alike are more likely to attribute these symptoms to other causes, like stress or the flu.

**LACK OF RESEARCH:** For decades, the male body was the standard for health and disease in medical research.

Even though Congress passed a law in 1993 requiring clinical trials studying diseases and treatments to include women as well as men, more recent studies suggest that not nearly enough progress has been made to include women in health research and understand how being a woman affects health.

### 1. ASK QUESTIONS |

If you’re prescribed a treatment, ask if it’s the right treatment for you and if it was studied in people like you. There are no stupid questions. Make sure you understand what your health care professional is telling you. Say it back to them. Ask again if you’re not clear.

**IT’S ALL IN YOUR HEAD.** You’re overreacting: “Women with endometriosis are often told, ‘This kind of pain with your period is normal,’ and they are made to think they’re overreacting,” says Jeffrey Arrington, MD, a gynecologic surgeon at the Center for Endometriosis Care in Atlanta.

**ANOTHER EXAMPLE:** Tennis star Serena Williams knew she had a higher chance of getting a blood clot after her C-section in 2017, so when she felt short of breath, she immediately told her medical team she needed a CT scan and blood thinners. But at first, the nurses told her she was just confused. Then the doctors gave her an ultrasound, which showed nothing. Only when they acceded to Williams’ demands for a CT scan did they find life-threatening blood clots.

**IT’S A WOMAN THING:** Some doctors tend to assume difficult-to-diagnose symptoms in women must have a gynecological cause, and they miss other possible conditions that may be causing them. That was the case for Genevieve Murphy, 39, a lawyer from New Jersey. In college, she began having abdominal pains so severe that they frequently sent her to the hospital.

“I would get nauseated, I couldn’t walk, I had to put myself in super-hot baths or lie down in the shower with hot water streaming on me,” she recalls. These unexplained episodes of acute pain persisted for more

### 2. KEEP RECORDS |

Genevieve Murphy solved her own medical mystery, when multiple specialists couldn’t, by keeping a food diary. Keep a journal of your symptoms, noting when they tend to flare and what you were doing/eating/experiencing when they happened. Keep notes from all medical visits.

### 3. BE PERSISTENT |

Seek a second opinion—and a third, and a fourth. Try different kinds of doctors in different specialties. Make sure they know what tests and evaluations you have already had done. “Doctors may dismiss you and your symptoms. Keep searching for one who won’t,” says Katy Seppi.

than 15 years, as doctors asked her what kind of birth control she used and at various times suggested that she must have ovarian cysts, a sexually transmitted disease, or be miscarrying an unknown pregnancy. Other theories that proved false included kidney stones and appendicitis, but doctors kept returning to potential gynecological causes.

Murphy finally solved the mystery herself when she began keeping a food diary and realized that each pain episode happened after she’d eaten one of two foods: bananas and avocados. “It turned out that I’m allergic to them,” she says. “But when the doctors can’t figure a woman’s health problem out, they just send you back to the gynecologist.”

## DELAYS AND MISTAKES MAGNIFIED BY RACE

The problem of delayed and missed diagnoses is even worse for women of color.

While Williams was able to push back against a dismissive medical system and get treatment, black women overall are three to four times more likely than white women to die of pregnancy-related complications.

### 6. DON’T ASSUME |

Don’t assume you’re “too young to have anything seriously wrong.” For example, says Elsa-Grace Giardina, “we start too late in the management of cardiovascular disease for women.” She points out that newly understood factors that contribute to heart disease—such as gestational diabetes and pre-eclampsia during pregnancy, as well as the chronic inflammation that accompanies conditions like endometriosis and rheumatoid arthritis—can add to a woman’s chances of having heart disease.

### 4. USE YOUR POWER |

“Women often feel like the doctors are the ones with the power in the health care system, but you have the power of seeking out a new provider,” says Jenkins. “If you don’t feel like your doctor is treating you like a partner in your care, find a new doctor.”

### 5. TRUST YOUR INSTINCTS |

“You know your body and you know when something isn’t right,” says Seppi. “I doubted myself for a long time because I saw so many different doctors who were telling me nothing was wrong. I would start thinking that maybe I just had a low pain tolerance or that the pain was normal.”

In New York City, a 2016 analysis found that college-educated black women were more likely to have severe complications of pregnancy or childbirth than white women who never graduated from high school.

“Why would that be?” asks Nancy C. Lee, MD, a member of the board of directors of the National Black Women’s Health Imperative and the former director of the U.S. Department of Health and Human Services Office on Women’s Health. “Some may be intrinsic health issues for black women compared with white women, but that is not the whole story. Black women are also even more commonly affected than white women by many conditions that tend to be misdiagnosed, including autoimmune conditions such as lupus, which is two to three times more common in women of color than white women—as well as fibroids, which are almost three times more likely to occur in black women. We need a lot more research to understand misdiagnosis better in order to figure out how to make changes at all levels, from patients to doctors to the whole health care system.”

## 7. PREPARE TO SEE YOUR DOCTOR |

“Think about what is most important to you to get out of the limited face time you’ll have,” says Marjorie Jenkins. She recommends choosing your top three health concerns and writing down exactly what you want your doctor to know about them. Bring those records you’ve been keeping. And be honest with your doctor about what worries you: For example, if you have persistent headaches that you fear are signs of a brain tumor, don’t dismiss your worries as too silly to voice them.

# 7 STEPS

TO IMPROVE YOUR CHANCES OF GETTING AN ACCURATE, PROMPT DIAGNOSIS





# THE TIES THAT BIND

How siblings who care for aging parents can build, rather than break, family bonds

BY KATHERINE KAM

REVIEWED BY AREFA CASSOOBHOY, MD, MPH  
WEBMD SENIOR MEDICAL EDITOR

ILLUSTRATIONS: LJ DAVIDS

For decades, Everett and Claire McNamara were inseparable. Everett had worked at a noisy book printing press in his youth, which led to progressive hearing loss. As he became deaf, his wife served as his ears.

When Everett developed dementia in his 80s, he became profoundly paranoid. The wee hours became terrifying. “He couldn’t hear,” says his son, Peter, “but he still believed he could hear people trying to get into the house at night.”

Everett didn’t want to go into a nursing home as his health declined, and Claire agreed. “I want him home as long as possible,” she told her seven children—three daughters and four sons who had grown up in the couple’s Irish-Catholic household in Fitchburg, Massachusetts. Six still lived near their parents; Peter had moved to California.

Since Claire, 85, couldn’t manage caregiving alone, aides came during the day. But she hated the idea of strangers in the house overnight. To honor their parents’ wish to keep Everett at home, the McNamara siblings gathered at a sister’s house and hatched a plan: Each night from 9 p.m. to 7 a.m., the siblings would take turns sleeping at the house.

One sister—a mother with three children at home—stayed one night a week. Another sister, a teacher, took the Friday night shifts. Two brothers covered the remaining five nights. One sister who left for work at 5 a.m. couldn’t stay overnight, so she held down the daytime shifts on the weekends. (A third brother with a disability wasn’t able to help.)

Peter, a 61-year-old employment benefits consultant in the San Francisco Bay Area, flew back every six to eight weeks to pitch in, too. During his weeklong visits, he’d doze in a chair next to his sleeping father, rising at night to help him to the bathroom.

“I went back because he was my dad,” Peter says. “He made me the man that I am today. It



## "FOR EVERY CRITIQUE, CAN YOU OFFER TWO OR THREE WORDS OF ENCOURAGEMENT TO OFFSET IT?"



The McNamara Family

was the least I could do."

Caring for a sick parent can be overwhelming for siblings. Often, family dynamics beneath the surface "will basically be put on steroids and brought way out in the open because this process is so stressful," says Anne Tumlinson, who runs a Washington D.C.-based research firm on aging and writes a blog called Daughterhood.

Too often, troubling stories emerge: Siblings can't agree on a parent's wishes, don't help out, or feel free to criticize a caregiver from afar. While siblings are a leading source of stress, they're also a top source of comfort, Tumlinson says: "When I see siblings working well together, you have a companion through this process, you have somebody to lean on, you have somebody to comfort you."

What are the secrets of siblings who navigate caregiving successfully?

### COMMIT TO CARE

When Lucy Thompson, a teacher in the Twin Cities area of Minnesota, was

diagnosed with Alzheimer's at 59, each of her four children committed themselves to her care. The family all lived within an hour of each other. They had grown close after Lucy and her ex-husband guided their children through a difficult divorce after he came out as gay. "My mother was the most loving, caring person I've ever known," says Adam Thompson, 41, Lucy's oldest child. "She was fiercely protective of her children, fiercely protective of her students."

When Lucy took a bad fall and could no longer live alone, her second child, Leah Huxtable, 38, chose to bring her into her home, even though Leah and her husband were raising three young children. Leah's siblings created a calendar to schedule regular respite for their sister. "Our role became 'support Leah,'" Adam says. "What can we do to give Leah a break over a weekend or an afternoon?"

Not all siblings rally, though, Tumlinson says. Some stay away because they can't stand to see a parent ill and dying. "They absolutely can't deal with it," she says. "It's a state of

denial." When they see a sibling ushering a parent through hospitalization, they'll tell themselves, *It'll all be over soon, and Mom will be back to normal.*

Others bow out because they've had difficult relationships with parents. "Sometimes, there are unresolved things, maybe from childhood, maybe from adulthood, that people are still grappling with," says Ruth Drew, director of information and support services at the Alzheimer's Association. When a caregiving sibling asks for help, "it brings out those dynamics in which people say, 'I'm not willing to do what you're asking me to do,'" says Drew.

Rather than making excuses, siblings must become aware of their own emotions, consider a sibling's needs, and figure out a way to contribute, experts say.

"Everybody is going to have to participate in decision-making, as well as share responsibilities and share grief," Tumlinson says. "It's better to make a conscious decision at the outset that you're going to do it in a productive way."

The Thompson and McNamara siblings took an important step: They created a plan and a schedule, which helps to short-circuit denial and excuses. "If we sit down and make a plan and talk about how we're going to move forward and how I'm going to help, then we're acknowledging that everything's not going to go back to normal," Tumlinson says.

Plans might include rotating weekend care or staying with a parent to

give a caregiver a vacation break. In some cases, siblings have even uprooted and moved closer to a caregiving sibling to help provide hands-on care. Whatever the plan, everyone pledges to stick to obligations and schedules, Tumlinson says. And they communicate regularly about medical appointments, financial matters, and other details. "Thank God for text," Leah says. "We would have these incessant text chains going on all the time."

### TAP INTO HELP

Nevertheless, caregiving is so stressful that conflicts and misunderstandings are almost inevitable, even when siblings have the best intentions.

When Adam Thompson took his mother on weekend outings, she'd put on her best face, he says: "It would be summer, and we'd take Mom out to the kids' baseball game or we'd take her out on the lake and we'd have so much fun. We'd have ice cream, and it would be lovely. And I'd say, 'Leah, she's doing really well.' And that would frustrate Leah, because I'd say things like, 'I think you need to do more of this stuff with her because she really liked it and that's what she needs.'"

But the daily realities were vastly different for Leah. "The brunt of it was on me because she lived at our house. She would run away all the time. She would leave the house when there would be chaos going on with my kids, especially around dinnertime," she says. "We had to call the police. It was awful."

When she lamented that her siblings didn't grasp the intensity of her situation, all four met with a counselor from the Alzheimer's Association. The meeting helped correct her siblings' misconceptions, Leah says: "It wasn't that they were doing it consciously. But living with an Alzheimer's patient is like living in Groundhog's Day. Their day is the same every day, and it's so long. They do the same things over and over and over. It's frustrating and tiresome and sad. Until you're immersed in that for a decent period of time, you don't realize what it feels like."

Her siblings stepped up, including offering to leave work to take their mother to medical appointments. "I often didn't let them anyway," Leah says, "but it was just the offer that made a huge difference."

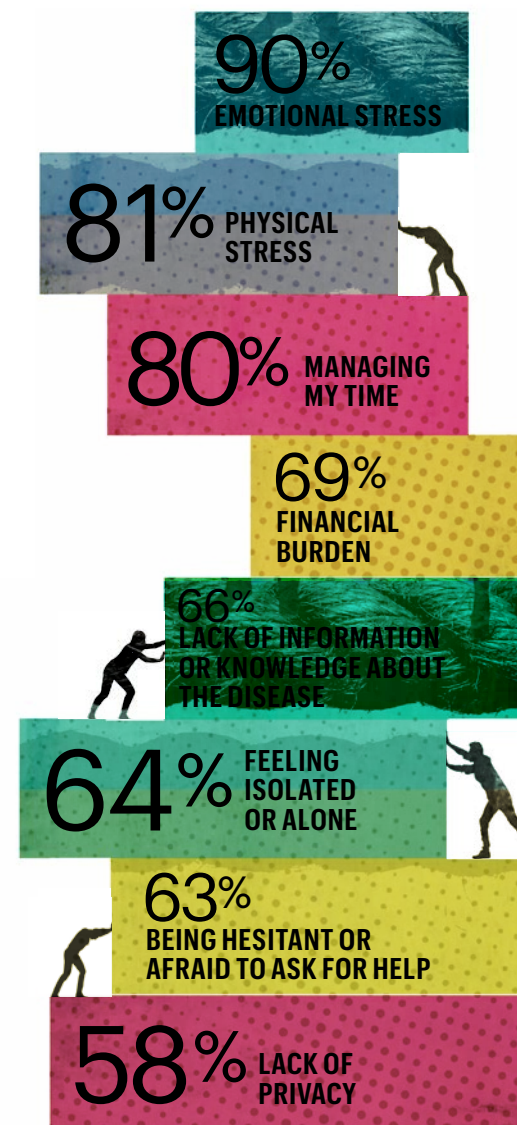
Caregivers cite emotional support as the thing they desire most from siblings, according to the Alzheimer's Association. In a 2017 Alzheimer's Association survey, caregivers who reported drawing strength from siblings cited reasons such as "being emotionally there for each other, making decisions together, and sharing the caregiving role."

But the same survey revealed that caregivers found relationships with siblings more strained than with any other family member, especially if they didn't receive enough help or support or felt that their siblings didn't understand what they were going through.

Not only do siblings often underestimate the burden on the main caregiver, guilt can create stressful dynamics. "When one sibling is taking on more than the other—often in a well-meaning relationship—what happens is that the one who lives farther away or has a busier job or whatever will feel really guilty," Tumlinson says. "It's insidious, but the way they deal with their guilt is they subconsciously identify the ways that their sibling is doing everything

## CAREGIVER STRESSORS

Taking care of a loved one with Alzheimer's poses great challenges for caregivers. In a 2017 Alzheimer's Association survey, **these were the top eight difficulties**, as reported by the accompanying percentage of caregiver respondents.



ILLUSTRATIONS: LJ DAVIDS; FAMILY PHOTOS: PROVIDED; FRAMES: GETTY IMAGES



## “WHEN YOU COMMIT TO A COLLABORATIVE PROCESS WITH YOUR SIBLINGS, YOU’RE GIVING A GIFT TO YOUR PARENTS.”

wrong. And they will call up and criticize, because that’s their way of making themselves feel better.

“One of the secrets is to be aware of your own feelings of guilt,” she adds. “If you’re feeling guilty, it’s not your sibling’s responsibility to make you feel less guilty. It is your responsibility to address that, however you do it. If you find yourself critiquing your sibling, either in your mind or openly, ask yourself where that’s coming from. For every critique that you feel you need to offer, can you offer two or three words of encouragement to offset it?”

### MIND THE FUTURE

Siblings’ conduct during this fraught passage often colors their relationships for years, experts say. Hard feelings can persist long after a parent dies, Drew says: “Hurts could take a long time to heal.”

“Think about what your parents would want for you,” Tumlinson says. “The most heartbreaking outcome of your illness would be that your children lost their relationship with each other over it. When you commit to a collaborative process with your siblings, you’re giving a gift to your parents. It’s their legacy, ultimately. You’re giving them a family by ensuring that you can have a strong relationship afterward.”

Lucy Thompson died three years ago—almost five years after being



diagnosed—and her children say they remain close. “Being the most forceful personalities in the family, Leah and I have always had our sibling clashes and rivalries,” Adam says. “We fought like cats and dogs when we were kids, and now we have a wonderful relationship.”

Since Lucy’s passing, her youngest son, Mark, became the father of triplets. All four siblings have children now. Recently, Leah planned a gathering for her daughter’s fourth birthday. Schedules were so busy that the clan could only fit in a breakfast celebration on a Saturday morning, Leah says. Everyone showed up for pancakes.

As for the McNamara siblings, they rotated nights for a year until their father died at age 86, passing away in a hospital bed set up in his living room. Peter McNamara realized that through all of the hardships, the grandchildren were watching, too—and learning by example. Recently, his daughter, Megan, 23, told him, “If you get sick like Grampy, I’ll take care of you.”





GOOD FOR YOU

## Get Cracking

WHETHER TOASTED AND TOPPED WITH CINNAMON, FOLDED INTO A HEARTY PILAF, OR SPRINKLED ON SALADS, WALNUTS OFFER SATISFYING CRUNCH AND A POWERFUL ARRAY OF DISEASE-FIGHTING COMPOUNDS

**'TIS THE SEASON TO USE A NUTCRACKER TO ENJOY WALNUTS, THE MOST FESTIVE OF SUPERFOODS.** These crunchy wonders contain multiple beneficial compounds, including alpha-linolenic acid (ALA), an omega-3 fatty acid; antioxidant plant chemicals known as ellagitannins; and gamma tocopherol, a form of vitamin E. Preliminary research suggest all three could play a role in cancer prevention. A study of people at risk for diabetes found that eating a 2-ounce handful of walnuts daily for six months improved their blood vessel function and decreased their LDL or “bad” cholesterol. A recent brain-imaging study found that consuming walnuts activates an area of the brain associated with regulating hunger, so go ahead and nibble a few before hitting holiday buffets. —ERIN O'DONNELL



# Roast Pork Tenderloin

LOOKING FOR A SIMPLE OPTION FOR HOLIDAY MEALS? MARINATED PORK TENDERLOIN IS A LEAN BUT TASTY CROWD-PLEASER, AND OUR SEAR-AND-ROAST COOKING METHOD KEEPS THE “TENDER” IN TENDERLOIN.

BY Erin O'Donnell  
RECIPES BY Kathleen Zelman,  
MPH, RD, LD

Search for the quiz **Myths and Facts About Protein** at WebMD.com.



FESTIVE FLAVORS

### Spiced Pomegranate Glaze

This version features high-antioxidant pomegranate juice with an array of flavorful spices. It calls for a pomegranate arils (or seeds) for garnish; find pre-seeded arils in your supermarket produce section. Serve this pork with roasted butternut squash.

**THE MIX** Pork tenderloin (about 2 lbs) + olive oil, paprika, coriander, cumin, chili powder, cinnamon, black pepper, pomegranate juice, balsamic vinegar, pomegranate seeds

**MAKE IT** Prepare spice rub: Combine 1 tbsp olive oil and 2 tsp each paprika, ground coriander, and ground cumin and 1 tsp each chili powder and cinnamon, and salt and pepper. Rub mixture on pork. Heat an oven-safe skillet over medium-high heat. Add pork to skillet and cook about 10 minutes, turning frequently to brown all sides. Transfer skillet to oven for 15 minutes, or until instant-read thermometer in pork registers 145°F. Remove pork from skillet, let stand 5 to 10 minutes, then slice. Meanwhile, deglaze skillet with ½ cup pomegranate juice. Whisk in 2 tbsp each balsamic vinegar and Dijon mustard, and 1 tbsp olive oil. Simmer for a few minutes, then drizzle over pork. Garnish with pomegranate seeds and parsley. **SERVES 8**

PER SERVING (ABOUT 3 OZ PORK)

| 198 calories, 23 g protein, 4 g carbohydrate, 9 g fat (2 g saturated fat), 74 mg cholesterol, 0 g fiber, 4 g sugar, 327 mg sodium. Calories from fat: 41%



THE SUNNY OPTION

### Lemon Garlic Rosemary

The lemon-rosemary combination gives pork bright Mediterranean flavor. Use freshly squeezed lemon juice, not the type sold in stores. Try this pork served with roasted Brussels sprouts.

**THE MIX** Pork tenderloin (about 2 lbs) + lemon juice, rosemary, olive oil, crushed red pepper, Dijon mustard, maple syrup, garlic, lemon zest

**MAKE IT** Combine ¼ cup lemon juice, 2 tbsp each chopped fresh rosemary and olive oil, and 1 tbsp each crushed red pepper, Dijon mustard, and maple syrup. Set aside 3 tbsp of mixture. Put remaining marinade in a zip-top bag with 3 crushed garlic cloves and pork. Refrigerate 1 hour to overnight. When ready to cook, preheat oven to 400°F. Remove pork from bag; pat dry. Heat an oven-safe skillet over medium-high heat. Add pork to skillet and cook about 10 minutes, turning frequently to brown all sides. Transfer skillet to oven for 15 minutes, or until instant-read thermometer in pork registers 145°F. Brush pork with reserved marinade. Garnish with lemon zest and fresh rosemary. **SERVES 8**

**PER SERVING (ABOUT 3 OZ PORK)** | 181 calories, 23 g protein, 4 g carbohydrate, 8 g fat (2 g saturated fat), 73 mg cholesterol, 0 g fiber, 2 g sugar, 371 mg sodium. Calories from fat: 38%

PACIFIC FLAVORS

### Asian Style

This recipe features a flavorful marinade made with five-spice powder, an Asian seasoning available in large grocery stores. This tenderloin is especially delicious when paired with roasted cauliflower and baby carrots.

**THE MIX** Pork tenderloin (about 2 lbs) + low-sodium soy sauce, pineapple juice, honey, rice wine vinegar, sesame oil, five spice powder, garlic, ginger

**MAKE IT** Combine ½ cup soy sauce, ¼ cup pineapple juice, 2 tbsp honey, 1 tbsp vinegar, 1 tbsp olive oil, 2 tsp sesame oil, and 1 tsp five spice powder. Set aside 3 tbsp of mixture. Put remaining marinade and a little minced fresh garlic and ginger in a zip-top bag with pork. Refrigerate 1 hour to overnight. When ready to cook, preheat oven to 400°F. Remove pork from bag; pat dry. Heat an oven-safe skillet over medium-high heat. Add pork to skillet and cook about 10 minutes, turning frequently to brown all sides. Transfer skillet to oven for 15 minutes, or until instant-read

thermometer in pork registers 145°F. Brush pork with reserved marinade. Garnish with green onions and sesame seeds. **SERVES 8**

PER SERVING (ABOUT 3 OZ PORK)

| 194 calories, 24 g protein, 7 g carbohydrate, 7 g fat (2 g saturated fat), 73 mg cholesterol, 0 g fiber, 5 g sugar, 410 mg sodium. Calories from fat: 33%



PHOTOGRAPHY: RICK LOZIER; FOOD STYLING: CHARLIE WORTHINGTON





## MAKE IT

- A deep pie dish works best, but a 9×13" baking dish will also do the job.
- If you have time, make a quick stock: Throw onion, celery, and carrot scraps and chicken bones in a pot with water, simmer about an hour, then strain. Skip the bones to go vegetarian. Using store-bought stock? Select low sodium.
- Add a roux (a small amount of butter and flour cooked together briefly in a sauté pan) to your stock, then stir and simmer until it coats a spoon. You don't want it so thick it's gloppy.
- Add extra flavor to your sauce with a few dashes of sriracha, fish sauce, Worcestershire sauce, or other favorite condiment.
- Make a butter-rich crust, but cut calories by covering only the top rather than also lining the pie dish.
- Try veggies you don't typically find in a pot pie, like cauliflower or Brussels sprouts.
- To add lots of flavor, first brown the vegetables and meat in a hot skillet. Then cook your ingredients part way before baking so that they'll finish cooking in the pie but won't become mushy.
- Chicken makes a classic pot pie, but you can—and should—mix it up sometimes with lamb, duck, or shredded pork.
- Clear out your fridge! Leftovers make a great pot pie.
- Bake until the crust turns golden, wait five minutes before serving, and freeze the leftovers (if any).



Sign up for the **Healthy Eating Newsletter** at [WebMD.com](http://WebMD.com).

BUILD A BETTER

# Pot Pie Perfection

WHAT COULD BE BETTER THAN PIE FOR DINNER? SAVORY POT PIES COMBINE INDULGENCE WITH DELICIOUS, GOOD-FOR-YOU VEGETABLES AND YOUR CHOICE OF MEAT (OR NO MEAT AT ALL).

BY MATT McMILLEN REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

**"EVERYONE LOVES PIE!"** No one knows this better than James Beard Award-winning baker **Joanne Chang**, co-owner of Boston's acclaimed Flour bakery and co-author of *Meyers + Chang at Home* (her co-owner and co-author: husband Christopher Meyers). A comfort food to counter chilly days, pot pies can be easily adapted to your whim and whatever ingredients you have on hand. And, says Chang, "The flaky crust and homey filling make for a favorite dinner for all."

## DIP TIPS

ADD THESE HEALTHY, FLAVORFUL DIPS, SELECTED BY REGISTERED DIETITIAN **TOBY AMIDOR, MS**, AUTHOR OF *SMART MEAL PREP FOR BEGINNERS*, TO YOUR HOLIDAY SPREAD.

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.



### HOPE FOODS GUACAMOLE SPICY MANGO

"Combining the heat of green chilis and habañeros with mango's sweetness, each serving provides 4 grams of heart-healthy mono-unsaturated fat and 2 grams of fiber. Pair with carrots and bell peppers or crackers."



### NEWMAN'S OWN SALSA

"With only 10 calories per serving and no added sugar, this mild or medium salsa will liven up your holiday table. And a bonus: The tomatoes contribute lycopene, a powerful antioxidant."



### SABRA MEDITERRANEAN RED BEAN WITH SUNDRIED TOMATO & BASIL

"This vegan and gluten-free dip pairs perfectly with a crudité platter. Each 2-tablespoon serving delivers 70 calories, 5 grams of mostly healthy fat, and 2 grams of protein."



### TRIBE SWIRL ROASTED RED PEPPER HUMMUS

"Match this dip's gorgeous swirl of flavors with crispy pita chips or vegetables like zucchini, jicama, cucumbers, and tomatoes. And feel free to double dip: Each serving has 50 calories and 2 grams of protein."



### OPADIPITY BY LITEHOUSE SPICY ASIAGO ARTICHOKE GREEK YOGURT DIP

"This deliciously creamy dip is perfect for vegetables or finger foods like jalapeño poppers or stuffed zucchini. A serving provides 60 calories, 2 grams of protein, and a small amount of calcium."



SPANISH MACKEREL

“Loaded with heart-healthy omega-3s and with a taste similar to steak, this is an impressive fish that’s easy to prepare. Pan-sear a filet in just five minutes.”

WILD-CAUGHT SALMON

“Full-flavored, tender, and moist, with an abundance of omega-3 fatty acids, select this seasonal fish—king salmon’s a top pick—over farm-raised salmon. Sear it in a skillet to crisp its skin and serve medium rare.”

BLACK SEA BASS

“Buttery and satisfyingly sweet, this two- to three-pound fish should be roasted whole—a perfect meal for two, alongside spaghetti squash, eggplant, and tomatoes. In a hurry? Fillets cook in five minutes on the stovetop.”



Search for the slideshow **12 Ways to Cook Foolproof Fish** at WebMD.com.

FRESH SARDINES

“Salty and rich in flavor, these little fish pack a lot of punch. Pan-sear or salt-cure them, then pair them with capers, pickled tomatoes, and other cured foods, or toss in a Caesar salad.”

FOOD 101

Go Fish!

TAKE A DIVE INTO THE NUTRITIOUS, DELICIOUS BOUNTIES OF YOUR SUPER-MARKET’S SEAFOOD CASE

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

**JAKE ADDEO GREW UP ON MONTAUK, LONG ISLAND;** spent summers working in fish houses on Cape Cod; and, as a teenager, cooked at his dad’s seafood restaurant. Now executive chef at Occidental Grill and Seafood in Washington, DC, Addeo says “fish and a love of seafood are in my blood.” These five are among his favorites.

PHOTOGRAPHY: RICK LOZIER, FOOD STYLING: CHARLIE WORTHINGTON

BRANZINO

“A light and delicately flavored Mediterranean white fish, it makes an impressive presentation at holiday tables when stuffed with fresh herbs and garlic and roasted whole.”



CUTTING EDGE

# Smoking Cessation

NEW RESEARCH COULD HELP SMOKERS  
CHOOSE THE BEST QUIT STRATEGY



**A RECENT STUDY SUGGESTS THAT MEDICATIONS THAT HELP PEOPLE QUIT COULD BECOME LESS EFFECTIVE OVER TIME.** Only 8% of people who take drugs to quit smoking go more than a year without a cigarette, the study found. Some 40% of quitters go three months; 25% last for six; and 20% make it up to a year. People who want to quit—about 70% of smokers—might want to use other strategies combined with medication.

Quitters could get the additional support they need through online networks. Researchers studied 500 smokers for three months. Half of them tried a 90-day social media-based smoking cessation program while the other half got a referral to a smoking cessation hotline. The online program included daily posts, weekly live question and answer sessions, and weekly live counseling sessions. The smokers in the social media program were two-and-a-half more times more likely to quit than the ones referred to a quit line.

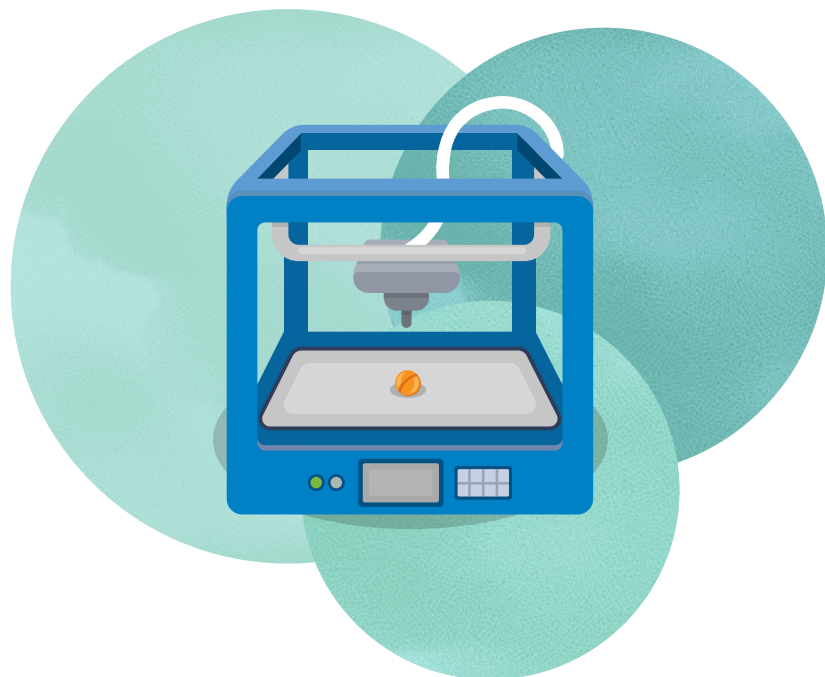
The jury is still out on e-cigarettes. Researchers followed 1,357 recently hospitalized smokers who planned to quit after discharge. The ones who used e-cigarettes, or “vaped,” were less likely to have quit smoking completely six months later than those who did not. The researchers noted, however, that those who vaped only did so sporadically. When e-cigarettes completely replace tobacco cigarettes, they could be more helpful, they say.

Still unclear is just how safe the devices are. While e-cigarettes can also cause harm, they are less harmful than cigarettes. By some estimates, if most current U.S. smokers switched to e-cigarettes over the next 10 years, as many as 6.6 million early deaths could be prevented and 86.7 million years of life could be saved. Bottom line: The best thing for smokers’ health is to quit completely. —SONYA COLLINS





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EXPERT Q&A

## Drug Innovations

NEW TECHNOLOGY, INCLUDING 3D PRINTING, HELPS DRUG MAKERS DESIGN NEW TYPES OF HIGH-QUALITY DRUGS

YOU EXPECT YOUR DRUGS TO BE SAFE AND EFFECTIVE, BUT DO YOU EVER CONSIDER HOW THEY ARE MADE AND HOW THIS MIGHT AFFECT YOU?

**Michael Kopcha, PhD, RPh**, director of the Office of Pharmaceutical Quality at the FDA, answers some questions about drug manufacturing.

**Q** Why does it matter how drugs are made?

**KOPCHA** Drugs must be made so that every dose is safe, effective, and able to provide its intended benefit. To do this, drug manufacturers must meet

quality standards that ensure every dose of a drug is of the appropriate strength and free of contamination and defects. The FDA assures that a manufacturer is capable of meeting these quality standards prior to approving a drug. This is why you can have confidence in your next dose of medicine.

**Q** What advancements are being made in drug manufacturing technology?

**KOPCHA** Many manufacturers make drugs in large batches using large equipment. While these technologies can make safe and effective drugs, they can limit the ability to design new types of drugs. They can also potentially lead to problems with consistency, which can create shortages. We now see innovative drug designs made with newer technologies, such as 3D printing, and innovative manufacturing approaches that may be more reliable.

In fact, our Emerging Technology Program was created to promote innovative approaches in drug design and manufacturing. This program helps companies resolve potential concerns regarding new technologies prior to seeking approval for their drugs.

**Q** How can innovations in drug manufacturing benefit me?

**KOPCHA** One example is an approved drug manufactured with 3D printing, which can rapidly disintegrate in the mouth with just a small amount of water. As this is a seizure medication, this is an important consideration for patients who struggle to swallow a pill.

Another example is “continuous manufacturing,” which eliminates breaks between steps during the process of making a drug. This reduces opportunities for human error during the stops and starts in a process. See our Emerging Technology Program website for examples of innovative approaches in drug design and manufacturing: [fda.gov/emergingtechprogram](#).

## BY THE NUMBERS

20

Number of meetings last year between the FDA's Emerging Technology Program and companies on innovative technologies in drug design and manufacturing—the most since the program's start.

4

Number of approved drugs made using continuous manufacturing—this number was zero as recently as 2015.

1

Number of approved drugs made using 3D printing.

11

Number of seconds needed for this 3D-printed pill to disintegrate in the mouth with a sip of liquid.





DOCTOR Q & A

# Cold and Flu 101

STUFFY NOSE? HEADACHE? FEELING MISERABLE? A DOCTOR HAS ADVICE FOR GETTING THROUGH THE SEASON.

BY Christina Boufis

REVIEWED BY Arefa Cassoobhoy, MD, MPH, WebMD Senior Medical Editor

UP TO ONE IN FIVE PEOPLE IN THE U.S. GET THE FLU EACH YEAR, according to the CDC. And most adults succumb to two to three colds a year as well. **Joseph A. Ladapo, MD, PhD**, associate professor at the David Geffen School of Medicine at UCLA, helps you navigate this year's cold and flu season.

## Q How do you know if you have the cold or the flu?

**LADAPO** The flu is not subtle at all. One of the most common things I hear when people have the flu is, 'This is the worst I've ever felt in my life.' With the flu, you normally have high fevers, chills, and body aches and feel tired and run-down. The flu usually comes on suddenly, and things just grind to a halt.

With a common cold, you don't usually have fevers. You're more likely to have a runny or stuffy nose, sneezing, cough, and a sore throat. You



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can have these symptoms with the flu too, but they don't tend to be the predominant ones.

## Q How can you prevent getting sick?

**LADAPO** We strongly recommend that everyone older than 6 months get the yearly flu shot, especially those who have a higher risk of having an adverse outcome, such as pneumonia—people age 65 and up, pregnant women, young children, and those with serious health conditions like asthma, heart disease, or diabetes.

Caregivers—parents, adult children—should also get the shot to protect those in their care and around them. Also, practice good hand hygiene—wash your hands often—and avoid being around people who are sick.

## Q Can the flu shot make you sick?

**LADAPO** It's possible to have an immune reaction that may make you feel sick, but it's not the flu. And it's always better to get the flu shot than to have the flu. We have very good scientific evidence that shows that getting vaccinated reduces the risk of serious complications from the flu, and if you do get it, it tends to be milder. Getting the flu shot can also potentially reduce your risk of having a heart attack over the following year, according to recent studies.

## Q What can you do at home to treat symptoms?

**LADAPO** The treatment is mostly the same for both cold and flu. Stay hydrated. You can take acetaminophen or ibuprofen for body or headaches and over-the-counter decongestants or saline nasal sprays for congestion. And you need to stay home and rest, especially with the flu.

We also sometimes prescribe antiviral medication called oseltamivir to treat the flu, especially for people in higher-risk groups. It's not a panacea, but it can shorten the time you're sick and may help prevent serious complications like pneumonia. Call your doctor as soon as you get sick, because antiviral medication is most helpful if started within two days of illness.

## BY THE NUMBERS

5% TO 20%  
Percentage of the U.S. population who will get the flu each year.

MORE THAN 200  
Number of viruses that can cause the common cold.

ABOUT 47%  
Percentage of adults and children who got a flu shot during the 2016–2017 flu season.

6 FEET  
Distance people with the flu can spread it to others.

GETTY IMAGES





CAREGIVING

# Focus on Care

ONE IN SIX AMERICAN ADULTS CARES FOR ANOTHER ADULT WHO IS SICK OR DEVELOPMENTALLY DISABLED, BUT FEW KNOW WHAT TO EXPECT OF THE JOB WHEN THEY TAKE IT ON

BY Sonya Collins  
REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

**MIRIAM BRAGA, A 57-YEAR-OLD MORTGAGE UNDERWRITER IN NEW BRITTAN, CONNECTICUT, ONCE BELIEVED THAT NO ONE COULD UNDERSTAND HOW SHE FELT.** Braga has been the primary caregiver to her 87-year-old mother, who has Alzheimer’s disease and type 2 diabetes, since 2012. “I’d get so frustrated,” she says, “and I thought, nobody understands what I’m going through. Now I know that’s not true.”

In the last 12 months, more than 34 million Americans provided unpaid care for an adult older than age 50. Though many Americans are caregivers, few are prepared for the job when it falls in their lap, says Jo McCord, a family consultant at Family Caregiver Alliance in San Francisco: “Sometimes they are just blindsided and are unaware of how much education they need.” McCord offers new caregivers the following advice as they embark on their new role.

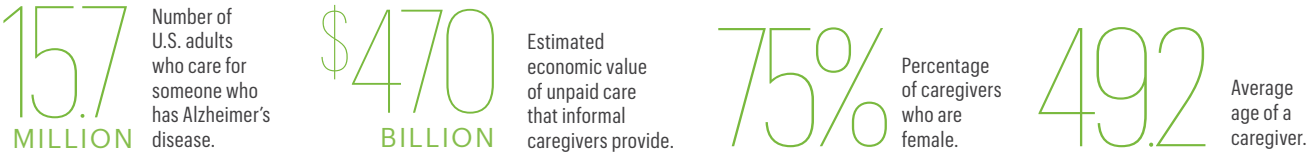
**RESPECT AUTONOMY**  
Caregiving isn’t about taking over. Your parent, spouse, or other close relation may be sick or living with disabilities, but he or she is still an adult

with preferences, opinions, and rights. “Whoever you take care of has the right to live life on his or her own terms. Don’t lose sight of that,” says McCord. You may feel like you know best or that it’s easier to do everything yourself. “But it’s very important,” McCord says, “even if the person has dementia, to involve him or her.”

You might want your relative to move out of his or her house and into assisted living, or you might simply want him or her to eat healthier. You won’t agree on everything, McCord says, so pick your issues. Focus on those that will make the most impact on your relative’s health and well-being. Does it matter, for example, if your 90-year-old mother insists on eating ice cream for dinner?

“It’s about quality of life,” says McCord. “Maybe your mother’s house isn’t as clean as assisted living would be, but where will she be happiest?”

## BY THE NUMBERS



### ASSESS THE SITUATION

When you take on this role, McCord says, “They will tell you, ‘Everything’s fine. I’m doing great.’ But when you start to look into things, you realize, maybe they’re not fine.”

If your relative doesn’t live in your home, go to his or hers to assess the situation. Look for fall hazards, such as loose rugs or a need for handrails in bathrooms. Make sure food is in the refrigerator and that your family member hasn’t lost weight. Check prescription bottles to ensure your relative is taking medications. Find out if your relative still drives and whether he or she should.

### EDUCATE YOURSELF

Learn about your relative’s condition and all that caregiving entails. “Many caregivers think they can do this alone, but that is faulty thinking,” says McCord.

Organizations including the National Alliance for Caregiving, Family Caregiver Alliance, AARP, and the National Institute on Aging offer online and/or real-life resources, support, and education for caregivers. For more information about a specific condition, start with organizations associated with the condition, such as the Alzheimer’s Association, the American Diabetes Association, and the American Cancer Society. Ask your relative’s doctor for trusted information sources, too.

“It helps a lot to educate yourself,” says Braga. “I had to learn the signs of low blood sugar.” Before her mother developed dementia, Braga didn’t know that when her mother became confused and disoriented it was a sign of low blood sugar.

### GET LEGAL AFFAIRS IN ORDER

One day, you might have to act on your relative’s behalf. You and your family member will need to draw up the documents necessary to give you decision-making authority or for his wishes to be known if he can no longer speak for himself.

Without documents naming you as the guardian, the court can appoint a guardian to make decisions. “Don’t wait to address this,” says McCord. “That’s not a road you want to go down if you can avoid it.”

### TAKE CARE OF YOURSELF, TOO

Maybe the most important advice for caregivers is to take care of yourself. Informal caregivers tend to be less likely to fill their own pre-



## 3 QUESTIONS

EXPERT **JO McCORD** SUGGESTS ASKING THESE QUESTIONS IF YOU JOIN A RELATIVE AT A DOCTOR’S APPOINTMENT.

### 1. DOES MY RELATIVE HAVE AN ADVANCED HEALTH CARE DIRECTIVE (AHCD)?

An AHCD names the person who will act on the care receiver’s behalf if needed and outlines the care receiver’s wishes for health care. Hospitals and doctor’s offices have AHCD forms.

### 2. WHAT EXACTLY IS MY RELATIVE’S DIAGNOSIS AND HOW WILL IT AFFECT HIM OR HER?

Many caregivers don’t know what to expect regarding their relative’s condition and don’t anticipate the ways it will affect the caregiver.

### 3. WHAT MEDICATIONS DOES MY RELATIVE TAKE? DOES HE OR SHE NEED ALL OF THEM? WHAT ARE THE SIDE EFFECTS AND POSSIBLE INTERACTIONS WITH OTHER DRUGS?

Often, older adults who take many medications, have several prescribing doctors or have been in the hospital take unnecessary medications. See if the doctor can streamline the list to reduce costs and side effects.

scriptions or stay up to date on health screenings, such as mammograms, according to the U.S. National Institutes of Health. They also tend to have poorer diets and get less exercise and less sleep. “When all you do is take your husband to the doctor,” says McCord, “the last thing you want to do is go for yourself.”

Taking care of yourself also means getting support. That could be through online or real-life support groups or your own friends and family. “Talking to other people about it helps because you realize you’re not alone,” says Braga, who has learned to ask for help when she needs it. “I ask, ‘Do you think you can come sit with mom for an hour or two while I go grocery shopping or take a walk?’” The Family Caregiver Alliance offers small respite grants to eligible caregivers to pay for home care while they get the rest they need.

People can feel so overwhelmed by caregiving that they believe they need to quit their job. “Don’t quit your job without a great deal of consideration,” says Braga. “Caregiving can be very isolating.”

Caregivers also tend to feel guilty enjoying themselves when the relative in their care may not be able to enjoy the things they used to. “I used to think,” says Braga, “‘What I am doing out walking around while mom is sitting there by herself?’ But if you burn out, you can’t be there for them.”

Search for the slideshow **How to Avoid Caregiver Burnout** at WebMD.com.



# Alzheimer's Disease

BY Matt McMillen REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor



Search for the article [What Alzheimer's Does to Your Body](#) at WebMD.com.



14  
MILLION

Number of  
Americans expected  
to have Alzheimer's  
**BY 2050.**



1 IN 10

Americans **OLDER**  
**THAN 65** with  
Alzheimer's disease.

1

Number of  
Alzheimer's drugs  
approved by the  
FDA between  
2002 and 2012.

5.7 MILLION

Number of Americans living with  
Alzheimer's disease.

3x

**RISE IN DEATHS** among  
U.S. adults with  
Alzheimer's by 2050.

\$47  
TRILLION

Estimated cost of caring for Americans  
alive in 2017 who will develop Alzheimer's.



18.4 BILLION

Number of **UNPAID**  
**CAREGIVING HOURS**  
for Alzheimer's and  
dementia patients in the  
U.S. in 2017.

16 MILLION

Number of family  
and other unpaid  
Alzheimer's and dementia  
**CAREGIVERS** in the U.S.



1 IN 2

Alzheimer's patient  
caregivers who  
report **EMOTIONAL**  
**STRESS.**

244

Number of potential  
Alzheimer's drugs  
tested between 2002  
and 2012.

6

Alzheimer's disease's  
rank among **LEADING**  
**CAUSES OF DEATH**  
in the U.S.





## Crohn's Disease

TRY THESE TIPS TO HELP CONTROL YOUR CONDITION

BY Matt McMillen REVIEWED BY Arefa Cassoobhoy, MD, MPH, WebMD Senior Medical Editor

### EXPERT TIPS

*"Keep all your Crohn's disease records handy, including date of diagnosis, medications you have been given and your response to treatments, and all test results. The more information that you can share with your health care team, the better able they'll be to tailor an effective treatment plan for you."*

**CHRISTINA HA, MD**  
gastroenterologist, Cedars-Sinai Inflammatory Bowel Diseases Center, Los Angeles, and member of the American Gastroenterological Association's Future Leaders Program

*"If specific drugs work really well to control your symptoms and heal your intestines, don't skip doses. Continue to take them as your doctor directed. Though medicines can't cure Crohn's disease, they do control the inflammation. Stopping medications without telling your doctor can result in disease flares."*

**ARUN SWAMINATH, MD**  
director, Inflammatory Bowel Diseases Program, Lenox Hill Hospital, New York City

*"Recruit a health care team that will be there to help when Crohn's disease is active and who can help you maintain remission when you're feeling well. Seek providers who specialize in digestive disorders that you feel comfortable with and who take the time to answer all your questions."*

**JESSICA PHILPOTT, MD, PhD**  
gastroenterologist, Cleveland Clinic

[Search for the slideshow Guide to Crohn's Disease at WebMD.com.](#)

## 10 TIPS

KEEP CROHN'S IN CHECK

### 1. QUIT NOW

Smoking worsens Crohn's symptoms, so get help to ditch the habit.

### 2. BREAK A SWEAT

Exercise regularly to reduce flare-inducing stress.

### 3. GET GUIDANCE

Develop an eating plan with a registered dietitian who specializes in Crohn's disease.

### 4. TAKE NOTE

To identify problem foods, record what you eat and any symptoms that follow.

### 5. TALK ABOUT SEX

Be open with your partner and doctor about troubles Crohn's causes with intimacy.

### 6. FIGHT FATIGUE

Lack energy? Ask your doctor about possible causes—like medications or mood problems.

### 7. SHRINK YOUR PLATE

Eat smaller, more frequent meals to help prevent pain and cramping.

### 8. STAY ACTIVE

Be sure you understand your drugs' benefits, side effects, and interactions.

### 9. BE PREPARED

Compile your list of foods to avoid in case of a flare.

### 10. GET INVOLVED

Join the Crohn's and Colitis Foundation to connect with others in your shoes.



# Gastroenterologist

DEALING WITH TUMMY TROUBLES? YOU MIGHT NEED AN APPOINTMENT WITH THIS SPECIALIST.

BY Jodi Helmer REVIEWED BY Neha Pathak, MD, WebMD Medical Editor

## GASTROENTEROLOGISTS SPECIALIZE IN DIAGNOSING AND TREATING GASTROINTESTINAL (GI) ISSUES.

Thanks to their specialized knowledge, patients receive care that can help alleviate issues ranging from irritable bowel syndrome and pancreatitis to acid reflux, hepatitis, and cancer.

## BROAD KNOWLEDGE, FOCUSED CARE

The gastrointestinal tract is responsible for multiple important functions; gastroenterologists are well-versed in all of them. Their knowledge includes diseases of the esophagus, stomach, small intestine, colon and rectum, pancreas, gallbladder, bile ducts, and liver. These doctors also use their broad knowledge to treat acute and chronic conditions in hospitals, medical clinics, and private practices.

## SPECIALIZED PROCEDURES BUT NO SURGERIES

As part of rigorous training that includes medical school, residencies, and fellowships,

gastroenterologists learn to perform specialized procedures to detect GI issues. Endoscopes—flexible, lighted tubes with built-in cameras that provide high-resolution views of the GI tract—are one of their go-to diagnostic tools.

They perform procedures using various types of endoscopes to remove tumors or colon polyps, take biopsies, or deliver injections or cauterization to stop bleeding. But endoscopies are not surgeries. Gastroenterologists do not perform surgery, but they do work with GI surgeons when needed.

## IMPROVED OUTCOMES

Research shows that consultations with gastroenterologists led more patients with cirrhosis of the liver to follow guidelines for recommended care. Research published in the *Journal of Clinical Oncology* found a 30% reduction in risk from colorectal cancer when gastroenterologists performed colonoscopies (compared to other specialists, including general surgeons).

## BY THE NUMBERS

60-70 MILLION

Number of Americans diagnosed with digestive diseases.

14,107

Number of practicing gastroenterologists in the U.S.

83.6%

Percentage of male gastroenterologists.

1,630

Projected number of unfilled full-time positions for gastroenterologists in 2025.



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**1. YOUR NEW MEMOIR, *RACING TO THE FINISH*, FOCUSES ON YOUR SERIOUS HEAD INJURIES AND YOUR REHABILITATION. WHO DO YOU MOST WANT TO REACH?**

I want to educate everyone about concussions and what that experience is like. I want to open people's eyes to how difficult it can be for someone so they have compassion and understanding for what people recovering from head injuries must deal with.

**2. YOUR BIG CRASH OCCURRED IN 2012. ARE YOU STILL DEALING WITH IT?**

Every day something reminds me of my head injury, even though I feel 100% and completely healthy. When you do normal things like lose your keys, you're reminded that you had a head injury and wonder if that's part of it.

**3. WHAT DID YOU GO THROUGH BEFORE TREATMENT?**

I struggled with high anxiety and emotional instability, which made the severity of my other symptoms multiply. Something as simple as a trip to the grocery store would make my symptoms bug out. My worst fear was that none of this would ever go away.

**4. WHAT ADVICE WOULD YOU GIVE SOMEONE WHO'S COPING WITH A SERIOUS HEAD INJURY?**

Get a support system around you, like family, that you can talk to about it. That helps. If you're alone with this, you can really become hopeless and lost. Don't walk around feeling like you're less-than, like you're damaged goods. That can do bad things to your self-esteem, your confidence, and how you perceive yourself.

**5. HOW DO YOU TAKE CARE OF YOURSELF THESE DAYS?**

Cycling. It makes a huge difference in how I feel physically. If you do anything that helps you physically, that helps



## Dale Earnhardt, Jr.

*Retired race car driver, sports analyst, 44,  
Kannapolis, North Carolina*

**"EVERY DAY SOMETHING REMINDS ME OF MY HEAD INJURY, EVEN THOUGH I FEEL 100%."**

bring the anxiety down. And when your anxiety's low, it's less likely that something will trigger your symptoms.

**6. IS CYCLING YOUR BEST HEALTH HABIT?**

No. The best habit I have is being disciplined in what I eat. I pay attention to calories, carbs, protein, and fat. It's a little bit of a pain in the butt to do that every day, but I feel better when I do it—and gain weight when I don't.

**7. ANY GUILTY PLEASURE FOODS?**

Fried chicken wings with Buffalo sauce. But I do my best to stay away from them.

**8. YOU AND YOUR WIFE WELCOMED YOUR FIRST CHILD, ISLA, IN MAY. HOW'S THAT GOING?**

It's awesome. She's a lot of fun, and I've never loved something so much in my life. It changes how you look at things, and it changes your priorities quite a bit. All the things you find important get shuffled around.

**9. WHAT IF SHE WANTS TO CARRY ON THE EARNHARDT FAMILY TRADITION OF RACING?**

I'd be very nervous, but whatever she wants to do, I want to be able to give her the opportunity.

**10. YOU'VE GRANTED MORE THAN 250 WISHES TO KIDS VIA THE MAKE-A-WISH FOUNDATION. WHY IS THAT SO IMPORTANT TO YOU?**

It has taught me a lot about illnesses and what families deal with and struggle with, and that's even more critical to me today now that I'm a father. At first, I couldn't believe anyone would want to spend a wish on coming to a race and meeting me. When they do, I just want to make that child as happy as I can in that moment and show them things that they've never seen. —MATT McMILLEN