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kids' health

Moore to Do

Julianne Moore puts her heart and soul into helping kids across the nation this Valentine's Day in her work with Save the Children. The award-winning actor and kids' book author talks to WebMD contributing writer **Gina Shaw** about her work for kids' literacy, balancing work and family, turning 50, and learning to live with the loss of her mom. **PLUS:** How you can help support Moore's Valentine's Day card program.



parenting

Cold & Flu IQ

Hello, winter...hello, sniffles season. Is your family ready to fight back? WebMD contributing writer **Christina Boufis** asked health experts to answer the top 10 cold and flu questions in WebMD's parenting communities. Get the facts on the difference between a cold and the flu, at-home remedies that really work, and how to help prevent getting sick altogether. **PLUS:** How to know when it's time to take your child to the pediatrician.

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wellness

Take 5

Do you make the same health resolution every Jan. 1? Perhaps it's ditching sugar, running a 5K, or unplugging on weekends. And, year after year, do you admit defeat? Break the pattern! This time, think small, says WebMD contributing writer **Stephanie Watson**. Downscale expectations to get supercharged results with five easy steps in four areas of your life: body, face, mind, and overall health.

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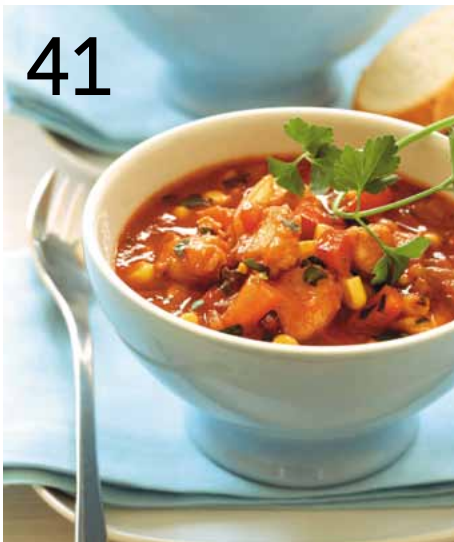
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Legendary director Garry Marshall on his new movie, New Year's Eve—starring Sarah Jessica Parker and Ashton Kutcher—his own 2012 health resolutions, and his favorite ways to unwind on and off the set.

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I love January. It has an off-to-the-races feel about it, plunging into a new year with high hopes and good intentions. (Truth to tell, it also embodies the guilty pleasure of a do-over: more carrots, less triple-cream cheese this year, *really*.)

This issue of the magazine celebrates new beginnings on almost every page. Legendary director Garry Marshall's film, *New Year's Eve*, is all about hope, second chances, and fresh starts. He's also learned some tricks for a long and happy life (fewer candy bars and elevators are part of the prescription—see page 60). To say that *Dancing With the Stars* winner J.R. Martinez bounced back and moved on from a major burn injury when he was a soldier in Iraq is an understatement (page 19). And Julianne Moore learned about inequity in U.S. kids' educations when she herself was a young student. Each Valentine's Day, she helps ensure Save the Children's literacy programs reach thousands of kids who need a leg up on learning (page 42).

For your own leg up on the year's start, we get you back on track after a fitness slump (page 52), deconstruct the running shoe (page 27), clean out your vanity and replace it with must-have products (page 30), start your family on the road to healthier meals (page 41), and give you five simple but essential tips for better body, mind, skin, and overall health (page 28).

How's that for a race-worthy start to 2012? Before 2011 becomes a distant memory, I want to give a shout out to our kick-awesome content team. They report, write, edit, and program the top health news and trends all year long on **WebMD.com** (a selection of those stories appears in the magazine's WebMD Wire section each issue—see page 9). In November, the team looks back at the site's audience data and announces the top stories in our **WebMD Year in Health** report.

Always fascinating, often surprising, these are the stories that resonated the most with you. They sparked conversations and made their way through our Community, showed up on our expert blogs, went out to your family and friends and neighbors. Here's a sample of what you searched for, read, forwarded, and shared on WebMD.com, WebMD mobile, and social media in 2011: Contaminated cantaloupes... stem cell research breakthroughs... cell phones and brain cancer?...concussions... vaccines/autism study fraud... prostate, cervical, and breast cancer screening: to test or not to test?... fad diets... designer drugs... kids bullying kids... the new MyPlate.... Check out the entire report at **WebMD.com**. Then dive into 2012—the race for a healthier you begins right now.

Happy New Year!

Colleen Paretty

Colleen Paretty
Executive Editor, WebMD the Magazine



ROBERT HOUSER

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ASSISTANT EDITOR • Chloe Thompson

CHIEF MEDICAL EDITOR • Michael W. Smith, MD,
Board Certified, Internal Medicine

LEAD MEDICAL EDITOR • Brunilda Nazario, MD, Board Certified,
Internal Medicine, Endocrinology and Metabolism

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Board Certified, Internal Medicine

MEDICAL EDITORS • Hansa Bhargava, MD, Board Certified, Pediatrics;
Laura J. Martin, MD, Board Certified, Internal Medicine

WEBMD.COM EXECUTIVE EDITOR • Sean Swint

BOOKINGS DIRECTOR • Wendy Zipes Hunter
wendy@celebrity-concepts.com • 954-344-0912

CONTRIBUTING WRITERS • Christina Boufis, Daniel J. DeNoon,
Jennifer Dixon, Heather Hatfield, Katherine Kam, Lauren Paige
Kennedy, Susan Kuchinskias, Matt McMillen, Erin O'Donnell,
Monica Kass Rogers, Gina Shaw, Stephanie Watson

COMMUNITY EDITORS • Leona Perry, Kathy Williams

ART DIRECTORS • Glenn Pierce, Melissa H. Miller

WEBMD.COM ART DIRECTOR • John P. Kay

PRODUCTION DIRECTOR • Connie Otto

PHOTO EDITOR • Ali Heck Southworth

ADVERTISING TRAFFIC MANAGER • Jennifer Morgan

PRODUCTION ARTIST • Brenda M. Waugh

COPY EDITOR • Sharon Congdon

MANAGEMENT OF EDITORIAL, DESIGN, AND PRODUCTION

tmg custom media 1129 20th Street, N.W., Suite 700
Washington, D.C. 20036 • 202-331-7700

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VICE PRESIDENT, PUBLISHER • Heidi Anderson
handerson@webmd.net

ASSOCIATE PUBLISHER • Dawn Carey
dcarey@webmd.net • 212-624-3901

GROUP VP, SALES OPERATIONS • Jonathan Katz

BUSINESS MANAGER • John Krzeminski

ADVERTISING SALES

NEW YORK

Patria Rodriguez • pcervantes@webmd.net • 212-417-9542
Alisa Feiner • afeiner@webmd.net • 212-624-3897
Pete Holfelder • pholfelder@webmd.net • 646-674-6825
Patti Mrozowski • pmrozowski@webmd.net • 212-624-3750

CHICAGO

Carol Matthias • cmatthias@webmd.net • 312-416-9277
Meghan Rice • mrice@webmd.net • 312-416-9276

WEST COAST

Elise Perlmutter • eperlmutter@webmd.net • 424-248-0616

MARKETING

VICE PRESIDENT, MARKETING • Fred Latasa

BUSINESS & MARKETING SENIOR DIRECTOR • Jonathan Deaner

BUSINESS DEVELOPMENT DIRECTOR • James Miller

INTEGRATED MARKETING SENIOR DIRECTOR • Lisa Dominici

INTEGRATED MARKETING DIRECTOR • Tara Wacks

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111 Eighth Ave., Suite 700, New York, N.Y. 10011

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CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER • Anthony Vuolo

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NEW YEAR

Tips for a new you

HAVE A BALL

If your home gym could use a little something new in the new year, consider adding a weighted stability ball to your usual treadmill or elliptical machine routine, says Pamela Peeke, MD, WebMD fitness expert. “You can use it for an abdominal workout or for your entire body,” she says. **Make sure it’s a high-quality, burst-resistant ball to support your body weight.** “People don’t even realize this—if you’re on a ball and it bursts, you can literally break your back.” Peeke recommends a 65-centimeter ball if you’re average height (5 feet 4 inches to 6 feet) and 55-centimeter if you’re shorter.



THE RIGHT MOVES

Moving can be stressful, but you can lighten your load when you **hire a mover that will haul your goods and help the hungry.** Move for Hunger, a New Jersey-based organization, works with moving companies across the nation to help supply U.S. food banks. Once you’ve packed up your belongings, just put your nonperishable food items in the provided box, and the movers will take the food to a local food bank. Find a full list of participating movers at moveforhunger.org.



CRACK THE CODE

Your face is winter-dry, and you want relief fast. But moisturizer labels can read like the Greek alphabet. **Look for ingredients that help keep water in the skin,** says WebMD skin care expert Karyn Grossman, MD, such as the oleic and linoleic fatty acids in some shea butter products. “Fatty acids form a barrier to keep moisture in your skin,” Grossman explains. Two to try: L’Occitane Shea Butter Ultra Rich Face Cream (\$40) and Soaptopia my-SALVE-ation (\$18.75).



SWEET NOTHING

Starting the new year with a new nutrition plan to drop some pounds? You can eat right and still indulge guilt-free, says Kathleen Zelman, MPH, RD, LD, WebMD’s director of nutrition. Chocolate-dipped strawberries top her list of favorite sweet snacks. **“The chocolate is combined with the nutritional goodness of vitamin C,”** she says. Her other picks? Frozen grapes—“There’s something about that frozen sweetness that feels a little decadent”—and skinny lattes with a sprinkle of nutmeg or cinnamon.

Do any of these overactive bladder symptoms sound familiar?



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

YES ☐ NO ☐



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

YES ☐ NO ☐



I worry I might accidentally leak and sometimes wear pads.

YES ☐ NO ☐



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

YES ☐ NO ☐

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

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

*Results may vary.

USE AND DOSE

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

IMPORTANT SAFETY INFORMATION

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

Please see Important Patient Information on the following page.

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

*Subject to eligibility. Restrictions may apply.

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

VS2749R0/011B-053-3074



Take care with VESicare®
(solifenacin succinate) tablets

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



Brief Summary based on FDA Approved Patient Labeling

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

Read the Patient Information that comes with VESicare before you start taking it and each time you get a refill. There may be new information. This summary does not take the place of talking with your doctor about your medical condition or treatment.

What is VESicare?

VESicare is a prescription medicine for **adults** used as treatment for symptoms of a condition called **overactive bladder**:

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

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

What is overactive bladder?

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

Who should NOT take VESicare?

Do not take VESicare if you:

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

What should I tell my doctor?

Before taking VESicare, tell your doctor if you:

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

Tell your doctor about all the medicines and supplements you take.

This includes prescription and nonprescription medicines, vitamins, and herbal supplements. VESicare may affect the way other medicines work, and other medicines may affect how VESicare works.

How should I take VESicare?

Take VESicare exactly as your doctor tells you to take it.

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

What should I avoid while taking VESicare?

VESicare can cause blurred vision or drowsiness. Do not drive or operate heavy machinery until you know how VESicare affects you.

What are the possible side effects of VESicare?

VESicare may cause serious side effects including:

- **Serious allergic reaction.** Stop taking VESicare and get medical help right away if you have:
 - hives, skin rash or swelling
 - severe itching
 - swelling of your face, mouth or tongue
 - trouble breathing

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

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

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

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

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

How should I store VESicare?

- Keep the bottle closed.
- Store VESicare at 59°F to 86°F (15°C to 30°C).
- Safely throw away medicine that is out of date or that you no longer need.

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

General information about VESicare.

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

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

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

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MALE ORDER

There's been a lot of talk about girls and the HPV (human papillomavirus) vaccine, but what about guys? Since 2006, the federal Advisory Committee on Immunization Practices has recommended the HPV vaccine for girls and women ages 11 to 26. Now the ACIP recommends the Gardasil HPV vaccine for boys and young men ages 11 to 21.



In girls and women, both the Cervarix and Gardasil HPV vaccines protect against cervical cancer. The Gardasil vaccine also protects against vaginal cancer, vulvar cancer, genital warts, and anal cancer. In men, Gardasil protects against genital warts and anal cancer, and also helps protect female partners from HPV. (Men who have sex with other men are most at risk of developing HPV-related anal cancer.)

The ACIP recommends the vaccine for both girls and boys between the ages of 11 and 12 and as early as 9. If they don't receive it earlier, however, they can catch up on the vaccination in their teens and early 20s. So far, studies show no serious side effects from the vaccinations.

Source: Advisory Committee on Immunization Practices



Fat Chance

By now you probably know that large amounts of trans fats (also known as partially hydrogenated oils) are bad for your body. But a new study finds they can make you feel bad, too.

Previous studies found a link between trans fats—common ingredients in processed and fast foods—and heart disease. In the new study of 8,400 people, Spanish researchers found that those who ate the most trans fats also had the lowest scores on tests that measure quality of life. Those measures include feeling tired or worn out, having negative attitudes toward work and social life, and pessimism about future health.

Of the four dietary fats studied, only trans fats had a strong association with quality of life scores. Yet the average daily intake of people in the study was only about one-half that of the average Spaniard or American. That means the negative effect of trans fats on people who eat even more may be greater, one researcher told WebMD.

The researchers published a study earlier this year showing that people who ate the most trans fats also had the highest levels of depression.

Source: Nutrition Journal

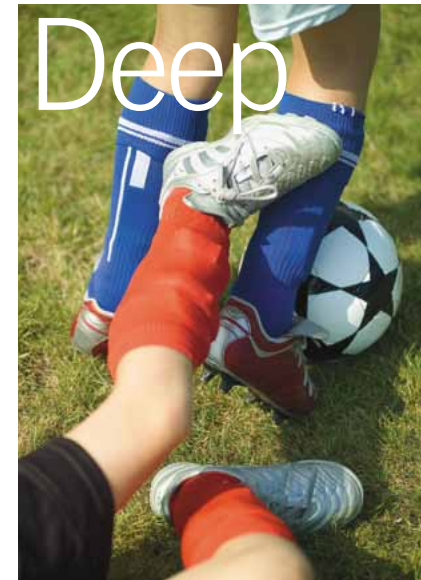
Knee Deep

Knee injuries in children and teens have increased more than 400% in the last decade, new research shows, a factor that could have long-term health implications.

The study, conducted at The Children's Hospital of Philadelphia, found a dramatic rise in two common knee injuries between 1999 and 2011: torn menisci (also called torn cartilage) and torn anterior cruciate ligaments. ACL and meniscus tears can have a greater impact on kids than adults, researchers say, because the repair can be complex and take a long time to heal at a time when kids are still growing.

Just why knee injuries are on the rise is still unclear, but researchers suggest competitive high-level year-round sports may play a role. Better testing methods, earlier doctor referrals, and more aggressive treatment may also contribute to the spike in reported injuries. The researchers note that injury prevention programs in several sports, including soccer, can be effective for reducing injuries.

Source: American Academy of Pediatrics 2011 meeting



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EYE SPY

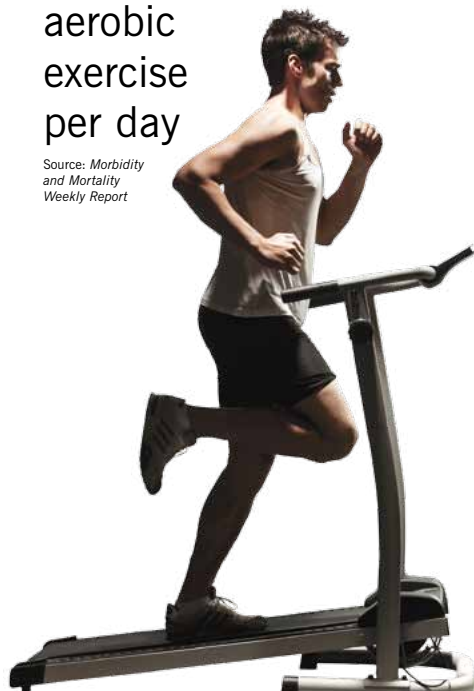
Vision problems among preschoolers may be more common than anyone suspected, two new studies show. Left untreated, even mild vision issues can lead to permanent vision loss. Those are the conclusions of two large studies of nearly 10,000 young children ages 6 months to 6 years funded by the National Institutes of Health.

Before these studies, vision specialists believed that one in 20 preschoolers had vision problems. This new research shows that one in four preschoolers may have vision disorders, including nearsightedness (myopia), farsightedness (hyperopia), astigmatism, crossed eyes (strabismus), and lazy eye (amblyopia). Researchers know that the last two can result in permanent vision loss if not treated early in life. The new studies show that children with even mild nearsightedness, astigmatism, and farsightedness are at increased risk of more serious problems.

Source: Ophthalmology

12% High school students who get the recommended 60 minutes of aerobic exercise per day

Source: Morbidity and Mortality Weekly Report



Stall Tactics

A team of scientists tested for bacteria in public restrooms—and the news is the stuff of horror films.

Led by a researcher at University of Florida's College of Medicine, the scientists focused on "high-touch" areas, such as faucets, paper dispenser levers, doorknobs, and handles in restrooms in 18 public places, including an airplane, a mall, a hospital, and restaurants. They found staph and *E.coli*, as well as seven types of bacteria responsible for two-thirds of hospital-associated infections.

Want to avoid those nasty bugs? Researchers suggest carrying hand sanitizer and your own paper towels so you don't have to use the public ones.

Source: Infectious Disease Society of America



Sad Dads

The damaging effects of maternal depression on children are well-known, but few researchers have studied the effect of paternal depression. Yet the children of depressed dads may also end up with emotional and behavioral problems, a new study shows.

Researchers at New York University's Langone Medical Center evaluated more than 22,000 children from two-parent homes as well as their parents' mental health. The study found that a child's risk for emotional or behavioral problems tripled if their mothers were depressed or had other emotional problems, doubled if their fathers had emotional problems, and quadrupled if both parents had emotional problems.

Previous research has found that depressed moms and dads tend to parent differently than mentally healthy ones, including reading less to their children and spanking them more.

This was the first large-scale U.S. study linking depression in dads to a child's emotional and behavioral problems. The researchers hope the findings will inspire depressed fathers to seek help.

Source: Pediatrics



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www.arthritis.org/letstalkra



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29338

To receive a FREE Let's Talk RA Communication Kit with information that provides tips on talking to your doctor, complete and return this card.

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

E-mail: _____

Date of Birth (MM/DD/YYYY): _____

☐ Check here if you'd also like to receive future information about a treatment option from the Let's Talk RA sponsor, Bristol-Myers Squibb.

How do you take your current medication for RA?

- | | |
|--|--|
| <input type="checkbox"/> Injection (Shot) | <input type="checkbox"/> Intravenous (IV) |
| <input type="checkbox"/> Methotrexate or Other DMARD | <input type="checkbox"/> Over-the-Counter (Pill) |
| <input type="checkbox"/> Other | |

How often do you take/receive your current medication for RA?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Every Week | <input type="checkbox"/> Twice a Month |
| <input type="checkbox"/> Once a Month | <input type="checkbox"/> Every Other Month |
| <input type="checkbox"/> As Needed | |

When did you start taking your current medication?

____ MM _____ YYYY

Please rate your current level of satisfaction with your RA treatment plan:

Not At All Satisfied	Highly Satisfied
1	10

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Social Drinking

College students' Facebook comments about drinking, being drunk, or recovering from being drunk may be signs they actually have a drinking problem, a new study shows.

University of Wisconsin-Madison researchers looked at comments, photos, and other public information on the Facebook pages of 224 college students. They then gave the same students a test to identify alcohol problems.

Those who posted comments about getting drunk or problem drinking were four times more likely to have test results indicating a problem than those who didn't reference it.

More worrisome, those who posted about being intoxicated were more than twice as likely to have had an alcohol-related injury in the past year as those who talked about alcohol but not intoxication—and more than six times as likely to have had an alcohol-related injury as those who didn't post about alcohol at all.

But isn't drinking just a normal part of college life? Lots of college students do drink, but that doesn't make it OK. About 50% of college students who drink report alcohol-related troubles, the researchers say. And about 1,700 college student deaths each year are related to alcohol.

The researchers don't recommend parents and other adults spy on college students' Facebook pages. But if friends, relatives, or adults notice a college student is "talking" online about drinking, it's worth a chat.


Source: Archives of Pediatric and Adolescent Medicine



23%
American workers
who have insomnia;
the resulting loss in
productivity costs
businesses \$63 billion per year

Source: Sleep

Lone State



Feeling lonely may lead you to wake up more during the night and that, in turn, may be why loneliness is associated with ill health effects, a new study shows.

Led by a researcher at the University of Chicago, the study tracked the sleep patterns of 95 South Dakotans for one week. The results? Lonely people didn't get any less sleep, the researchers found. They just woke up more often. And the lonelier they were, the more often they woke up.

Because these people lived in a close-knit farming community, the researchers point out, they weren't socially isolated. Even people with many "social connections" can feel lonely, the researchers say.

Source: Sleep

CLOCKWISE FROM TOP RIGHT: DAIKIN/ELSTERMANN/GETTY IMAGES; TOM GRILL/GETTY IMAGES; PHILIP NEALE/GETTY IMAGES

Introducing your cold symptoms' worst nightmare.



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TOP SEARCHES

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

1. Bronchitis
2. Flu vaccine
3. PSA test/prostate cancer
4. Portion size tool
5. **Help for dry skin**
6. Healthy snacks
7. Easy snoring remedies
8. HPV vaccine for boys
9. Fibromyalgia symptoms
10. Managing cholesterol

*as of 12/1/2011



Chew on This

Wouldn't it be great to have a team of dietitians at the ready to help you eat right? Consider your wish granted. In the **new WebMD blog**, "Real Life Nutrition: A Fresh Take on 'Good for You,'" top nutritionists weigh in with food, health, and wellness advice.

nutrition blog

WebMD SEARCH

Stroke

TOP SYMPTOMS INCLUDE

- ▶ Sudden confusion
- ▶ Sudden weakness or numbness on one side
- ▶ Sudden trouble walking

Strokes occur when blood flow to the brain is interrupted either by a clot in a blood vessel (called an ischemic stroke) or by a blood vessel that breaks and then bleeds into the brain (called a hemorrhagic stroke). As a result, brain cells immediately start dying. Other symptoms include severe headache, nausea, and trouble seeing, speaking, or understanding speech. Damage from strokes can result in difficulty walking, talking, and thinking; trouble with fine motor skills; problems handling emotional issues; paralysis; and even death. Prompt treatment is crucial. If you think you—or another person—is having one, call 911 immediately. To help prevent stroke, reduce the most common risk factors: high blood pressure, heart disease, smoking, diabetes, and high cholesterol.

symptomchecker



Key in your symptoms

FIND THE ANSWER

American Heart Month

February

A month of tips to boost your heart health smarts

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
 <p>QUIT IT Still smoking? Stop today and your heart will thank you.</p>	 <p>6 GO NUTS Nuts are full of heart-healthy omega 3s and unsaturated fats. Enjoy a handful a day.</p>	<p>1</p>	 <p>3 SEEING RED It's National Wear Red Day! Rock a rouge frock to raise awareness about women and heart disease. Go to goredforwomen.org/wearredday.</p>	 <p>9 BED TIME Insomnia and other sleep problems can be tough on your heart. See your doctor if you're not getting quality zzz's.</p>	 <p>10 BRUSH UP Take care of your teeth. Studies show that brushing your teeth and regular trips to the dentist can help protect your heart.</p>	
<p>12 APP TIP Download the Instant Heart Rate app for your iPhone or Android. Place your finger over the camera and hold for 10 seconds to display your current heart rate.</p>	<p>13</p>	 <p>14 Valentine's Day Do something special for your heart this V Day. Eat well, take a brisk walk, and plan to do both every day of the year.</p>	<p>16</p>	 <p>18 JUMP TO IT 30 minutes of exercise a day is ideal, but small amounts can also help your heart. Climb stairs, do some sit-ups, jog in place, dance to your favorite song.</p>		
<p>26</p>	 <p>27 GRAIN GAIN Enjoy heart-healthy whole grains like oatmeal, whole wheat bread, brown rice, and popcorn (no salt or butter).</p>	 <p>21 MALE CALL Guys, take care of your heart to improve your love life. Erectile dysfunction is often tied to poor cardiac health.</p>	<p>23</p>	<p>TAKE HEART Learn more about your ticker and how to keep it healthy on WebMD.com's Heart Health Center.</p>		

18TH: STUART PEARCE/GETTY IMAGES; 21ST: BLEND/GETTY IMAGES

IMPORTANT SAFETY INFORMATION

- Symptom relief does not rule out other serious stomach conditions.
- Serious allergic reactions may occur. Tell your doctor if you have a rash, face swelling, throat tightness, or difficulty breathing.
- People who are taking multiple daily doses of Proton Pump Inhibitor (PPI) medicines for a long period of time may have an increased risk of fractures of the hip, wrist, or spine.
- Low magnesium can happen in some people who take a PPI medicine for at least 3 months. Tell your doctor right away if you experience any of these symptoms: seizures, dizziness, abnormal or fast heartbeat, jitteriness, jerking movements or shaking (tremors), muscle weakness, spasms of the hands and feet, cramps or muscle aches, or spasm of the voice box.
- In adults, the most common side effects with ACIPHEX include pain, sore throat, gas, infection, and constipation.
- Before taking ACIPHEX, tell your doctor if you are taking any of these medicines: atazanavir, digoxin, iron salts, ketoconazole, or warfarin.

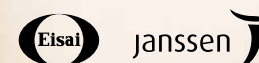
To learn more, talk to your doctor and read the important patient information on the next page.

INDICATION

In adults (≥18 years of age), one ACIPHEX (rabeprazole sodium) 20 mg tablet daily is used for the treatment of daytime and nighttime heartburn and other symptoms associated with acid reflux disease.

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

Manufactured and Marketed by



Woodcliff Lake, NJ 07677

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01AX2360 November 2011

WANTED

RELIEF FROM ACID REFLUX DISEASE SYMPTOMS



REWARD: RELIEF

Heartburn is the major culprit. But it doesn't always act alone.

If you've been harassed by frequent, persistent heartburn 2 or more days a week, with or without these other notorious symptoms, it could be acid reflux disease. Talk to your doctor and ask about hauling in your symptoms with prescription ACIPHEX.


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Stay **heart smart** all year long.  **WebMD.com**

14

DAYS FREE

Join the **ACIPHEX Savings Program** for more offers.
Call 1-888-621-5814 or visit SaveOnAciphex.com/14



To redeem this voucher, just follow these instructions:

To the Patient:

- 1 ACIPHEX is available by prescription only. Ask your healthcare professional if ACIPHEX is right for you.
- 2 Ask for a prescription for up to 14 ACIPHEX 20 mg tablets.
- 3 Present your prescription for up to 14 ACIPHEX tablets AND this voucher to your pharmacist. To process your voucher, refer to the Restrictions and Conditions of Use, and read and sign below.

By signing and dating below, you understand and consent to the use and disclosure of your personal information to vendors working on behalf of Eisai Inc. and Janssen Pharmaceuticals, Inc. to administer pharmacy reimbursement, evaluate program effectiveness, and verify compliance with program rules and restrictions. Additionally, if you are enrolled in a Medicare Part D plan, by signing below you certify that you will not submit a claim for the offer to count toward your True Out of Pocket (TrOOP) costs.

Patient's Signature

Date

Administered by
MediMedia[®] Health

Restrictions and Conditions of Use:

- Limited to 1 ACIPHEX free trial voucher redemption per person. Not valid for refills. No substitutions permitted.
- No purchase or co-pay required.
- Not valid through mail-order pharmacies.
- May not be accepted at all pharmacies.
- Claims for any product dispensed pursuant to this voucher shall not be submitted to any public (eg, Medicare, Medicaid) or private (eg, insurance company) payer for reimbursement.
- Federal law prohibits the selling, purchasing, trading, or counterfeiting of this voucher; such activities may result in imprisonment of 10 years, fines up to \$250,000, or both.
- Void outside the USA and where prohibited by law.
- Eisai Inc. and Janssen Pharmaceuticals, Inc. reserve the right to rescind, revoke, or amend this offer at any time without notice.

If you have questions about the program rules or require additional information, please call the Patient Help Desk at 1-800-773-0098.

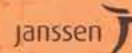
To the Healthcare Professional:

- To redeem this voucher, your patient requires a valid signed prescription for up to 14 ACIPHEX (rabeprazole sodium) 20 mg tablets. (Not valid for refills)
- Please provide your patient with a separate prescription if you wish him or her to continue beyond this trial.
- Also refer to Restrictions and Conditions of Use.

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and
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Woodcliff Lake, NJ 07077



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01AX2360A November 2011

To the Pharmacist:

- This voucher must be signed and accompanied by a valid prescription for up to 14 ACIPHEX 20 mg tablets. (Not valid for refills)
- Please dispense up to 14 ACIPHEX 20 mg tablets at no charge to the patient.
- Limited to one voucher redemption per person.
- Also refer to Restrictions and Conditions of Use.

Pharmacy Processing:

- Submit claim to **Patient Choice** using the information listed below.
- This voucher must be attached to the original prescription and retained by pharmacy for audit purposes for 3 years or the usual period for which your pharmacy records are kept, whichever is longer.
- If you have any questions about the program rules or require additional information, please call the Pharmacy Help Desk at 1-800-422-5604.

OFFER EXPIRES 12/31/2012

NO PHOTOCOPIES ACCEPTED.

I certify that: (i) I have dispensed the ACIPHEX product to an eligible patient, (ii) I have not submitted and will not submit a claim for reimbursement to the patient or any third-party payer, and (iii) my participation in this program complies with all applicable laws and contractual or other obligations I have as a pharmacy provider.

Pharmacist's Signature

Date

Bin#: 004682

RXPCN: CN

Group#: LVEWB426

TD #: EWB000258804

PATIENT INFORMATION

ACIPHEX (a-se-feks) (rabeprazole sodium) Delayed-Release Tablets

Read the Patient Information that comes with ACIPHEX before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking to your healthcare provider about your medical condition or treatment.

What is ACIPHEX?

ACIPHEX is a medicine called a proton pump inhibitor. ACIPHEX reduces the amount of acid in your stomach.

ACIPHEX is used in adults:

- for up to 8 weeks to heal acid-related damage to the lining of the esophagus (called erosive esophagitis or EE) and to relieve symptoms, such as heartburn pain. If needed, your doctor may prescribe an additional 8 weeks of ACIPHEX.
 - to maintain the healing of the esophagus and relief of symptoms related to EE. ACIPHEX has not been studied for treatment lasting longer than 12 months (1 year).
 - for 4 weeks for the treatment of daytime and nighttime heartburn and other symptoms that happen with Gastroesophageal Reflux Disease (GERD). If needed your doctor may prescribe an additional 4 weeks of ACIPHEX.
- GERD happens when acid in your stomach backs up into the tube (esophagus) that connects your mouth to your stomach. This may cause a burning feeling in your chest or throat, sour taste, or burping.
- for up to 4 weeks for the healing and relief of duodenal ulcers. The duodenal area is the area where food passes when it leaves the stomach.
 - with certain antibiotic medicines for the treatment of an infection caused by bacteria called *H. pylori*. Sometimes *H. pylori* bacteria can cause duodenal ulcers. The infection needs to be treated to prevent the ulcers from coming back.
 - for the long-term treatment of conditions where your stomach makes too much acid. This includes a rare condition called Zollinger-Ellison syndrome.

ACIPHEX is used in adolescents 12 years of age and above:

- for up to 8 weeks for the treatment of GERD.

It is not known if ACIPHEX is safe and effective in children under the age of 12.

ACIPHEX may help your acid-related symptoms, but you could still have serious stomach problems. Talk with your doctor.

Who should not take ACIPHEX?

Do not take ACIPHEX if you:

- are allergic to any of the ingredients in ACIPHEX. See the end of this leaflet for a complete list of ingredients in ACIPHEX.
- are allergic to any other Proton Pump Inhibitor (PPI) medicine.

What should I tell my doctor before taking ACIPHEX?

Before you take ACIPHEX tell your doctor about all of your medical conditions, including if you:

- have been told that you have low magnesium levels in your blood.
- have any liver problems.
- have any allergies.
- are pregnant or planning to become pregnant. It is not known if ACIPHEX can harm your unborn baby.
- are breastfeeding. It is not known if ACIPHEX passes into your breast milk or if it can harm your baby. You should choose to breastfeed or take ACIPHEX, but not both. Talk to your doctor about other ways to feed your baby while taking ACIPHEX.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. ACIPHEX and certain medicines can affect each other. This can cause serious side effects. Know the medicines that you take. Keep a list of them with you and show it to your doctor when you get a new medicine. Be sure to tell your doctor if you are taking:

- atazanavir (Reyataz)
- cyclosporine (Sandimmune, Neoral)
- digoxin (Lanoxin)
- ketoconazole (Nizoral)
- warfarin (Coumadin)
- theophylline (THEO-24 Thelair)
- diazepam (Valium)
- phenytoin (Dilantin)
- antibiotics

Ask your doctor or pharmacist if you are not sure if your medicine is listed above.

How should I take ACIPHEX?

- Take ACIPHEX exactly as prescribed. Your doctor will prescribe the dose that is right for you and your medical condition. Do not change your dose or stop taking ACIPHEX unless you talk to your doctor. Take ACIPHEX for as long as it is prescribed even if you feel better.
- ACIPHEX is usually taken once a day. Your doctor will tell you the time of day to take ACIPHEX, based on your medical condition.
- ACIPHEX can be taken with or without food. Your healthcare provider will tell you whether to take this medicine with or without food based on your medical condition.
- Swallow each ACIPHEX tablet whole with water. **Do not chew, crush, or split ACIPHEX tablets** because this will damage the tablet and the medicine will not work. Tell your doctor if you cannot swallow tablets whole. You may need a different medicine.
- **If you miss a dose of ACIPHEX, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your normal schedule. Do not take 2 doses at the same time.**

- If you take too much ACIPHEX, call your doctor or Poison Control Center right away, or go to the emergency department.
- Your doctor may prescribe antibiotic medicines with ACIPHEX to help treat a stomach infection and heal stomach-area (duodenal) ulcers that are caused by bacteria called *H. pylori*. Make sure you read the patient information that comes with an antibiotic before you start taking it.

What are the possible side effects of ACIPHEX?

ACIPHEX, like other proton pump inhibitors, may cause serious allergic reactions. See the end of this leaflet for a complete list of ingredients in ACIPHEX.

- **Serious allergic reactions.** Tell your doctor if you have any of the following symptoms with ACIPHEX.
 - rash
 - face swelling
 - throat tightness
 - difficulty breathing

Your doctor may stop ACIPHEX if these symptoms happen.

- **Low magnesium levels in your body.** This problem can be serious. Low magnesium can happen in some people who take a proton pump inhibitor medicine for at least 3 months. If low magnesium levels happen, it is usually after a year of treatment. You may or may not have symptoms of low magnesium.

Tell your doctor right away if you have any of these symptoms:

- o seizures
- o dizziness
- o abnormal or fast heart beat
- o jitteriness
- o jerking movements or shaking (tremors)
- o muscle weakness
- o spasms of the hands and feet
- o cramps or muscle aches
- o spasm of the voice box

Your doctor may check the level of magnesium in your body before you start taking ACIPHEX, during treatment, or if you will be taking ACIPHEX for a long period of time.

The most common side effects with ACIPHEX may include:

- headache
- pain
- sore throat
- gas
- infection
- constipation

People who are taking multiple daily doses of Proton Pump Inhibitor medicines for a long period of time may have an increased risk of fractures of the hip, wrist, or spine.

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

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

How should I store ACIPHEX?

- Store ACIPHEX in a dry place at room temperature, 59°F to 86°F (15°C to 30°C).

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

General Information about ACIPHEX

Medicines are sometimes prescribed for conditions other than those described in patient information leaflets. Do not use ACIPHEX for any condition for which it was not prescribed by your doctor. Do not give ACIPHEX to other people, even if they have the same symptoms as you. It may harm them.

This leaflet summarizes the most important information about ACIPHEX. If you would like more information, talk to your doctor. You can also ask your doctor or pharmacist for information about ACIPHEX that is written for healthcare professionals. For full product information, visit the website at <http://www.aciphex.com/> or call the toll-free numbers 1-888-4-ACIPHEX or 1-800 JANSEN.

What are the ingredients in ACIPHEX?

Active Ingredient: rabeprazole sodium

Inactive ingredients of the 20 mg tablet are carnauba wax, crospovidone, diacetylated monoglycerides, ethylcellulose, hydroxypropyl cellulose, hypromellose phthalate, magnesium stearate, mannitol, propylene glycol, sodium hydroxide, sodium stearyl fumarate, talc, and titanium dioxide. Iron oxide yellow is the coloring agent for the tablet coating. Iron oxide red is the ink pigment.

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For prescription only

Revised May 2011

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01AX2289P

Winning Steps

Dancing star J.R. Martinez's campaign to inspire burn patients

The first week of February is National Burn Awareness Week, but for ABC's *Dancing With the Stars* winner J.R. Martinez, every day is an opportunity to focus on people who have suffered burns.

Martinez, 28, says he's always been on the dance floor at parties but has never danced professionally. Still, he earned a pair of perfect 10s from the *Dancing* judges. "The dance competition gave me an opportunity to show America and the world who I am and to share my message about the cause," he says.

In 2003, Martinez was a soldier in Iraq when the Humvee he was driving hit a land mine. Flames burned more than 40% of his body. Agonizing as his injuries were, he says he gained much more than he lost from the experience. "It took me a couple of years to fully believe and to say this is a blessing," he says. "It wasn't until I saw how much of an impact I was able to make on people in my life as well as on people I didn't know."

It started in the San Antonio burn ward where Martinez spent nearly three years. He shared his story and his decision to be positive with a badly burned patient. Seeing that patient's depression begin to lift led Martinez to speak with more burn patients. Word of his success spread, and he found himself invited to address veterans' groups, schools, and other organizations around the country.

The American Burn Association estimates that 450,000 people were treated for burns in 2011. About 10% of those required hospitalization, many in specialized burn centers.



J.R. Martinez, who twirled his way to the top in *Dancing With the Stars*, addresses burn victims with his message of hope and healing.

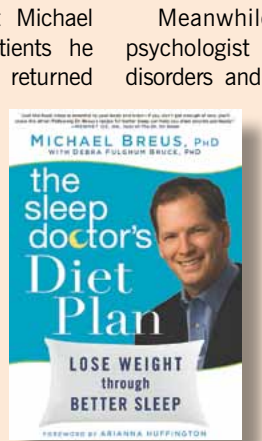


Martinez's message to other burn survivors is straightforward: "The most important thing is to understand that you are not alone. Second, know that you will get better," says Martinez, who for three years played an injured soldier named Brot Monroe on the former ABC soap opera *All My Children*. In 2010, Martinez joined the board of directors of Phoenix Society for Burn Survivors, a Grand Rapids, Mich.-based nonprofit founded in 1977 to improve burn care and to support survivors (phoenix-society.org).

What's next for Martinez? He says he wants to keep acting and write a memoir. And dance, of course.—Matt McMillen

PILLOW TALK

A few years ago, sleep expert Michael Breus noticed that several patients he counseled for sleep problems returned to his office not only snoozing through the night but carrying fewer pounds, sometimes 15 or more. The proverbial light bulb went on. He was aware of a possible connection between sleep and weight but now, he writes, "I began to suspect that good sleep and weight loss were simply the flip side of the same coin." Ongoing research continues to connect the dots.

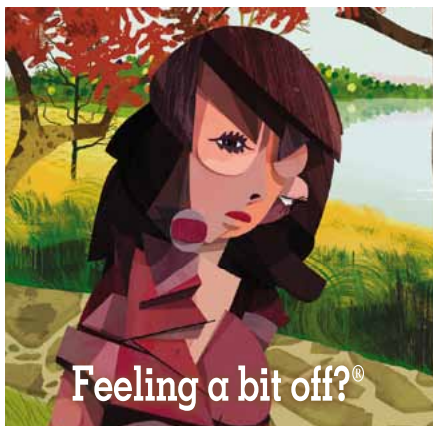


Meanwhile, Breus, a clinical psychologist board certified in sleep disorders and author of WebMD's "Sleep Well" blog, wrote a book, *The Sleep Doctor's Diet Plan: Lose Weight Through Better Sleep*. In the three-part self-help tome directed mostly to women, he lays out the science of how chronic stress, hormones, moodiness, memory problems, and eating habits may be tied inextricably to the quantity and quality of

HEALTHY READ

sleep. Then he provides tools to help, including an extensive sleep diary, rules to live by (involving sleep schedules, caffeine, alcohol, exercise, and sun exposure), and advice on how to create the perfect bedroom, from booklights and mattresses to air filters and the material in your sheets. The last part features healthy recipes heavy on complex carbs and dairy to encourage nighttime calm.

Will all this get you into your skinny jeans? It's pretty much a given that anything you do is better on a good night's sleep, Breus says. And weight loss just might turn out to be one of the best.—Colleen Paretty



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webMD 5 EXPERT ANSWERS TO WEBMD COMMUNITY QUESTIONS

PAIN Gains

An expert explains **why you're really aching** and what's ahead for treatment

By Christina Boufis, WebMD Contributing Writer

As with other subjective experiences, such as love, fear, or anger, there's no way to objectively measure pain. We asked Sean Mackey, MD, PhD, chief of the Pain Management Division and associate professor of anesthesia at Stanford University School of Medicine, to explain the unpleasant sensation we all feel in different ways.

1 WHAT IS PAIN?

Pain is such a simple word, but the problem is that what people think it means is not really what it means. All of my patients tend to associate what's going on in their arm or their back as pain out there in the body. But it's not. It's something we call nociception—electrochemical signals generated in our body in response to injury that get transmitted along nerve fibers to our spinal cord and up to our brain, where they're processed and become the experience of pain.

For example, if you cut your finger, that's not pain in your finger, that's nociception. But nociception is such a terrible word; it doesn't exactly roll off the tongue, and it's not easy for people to remember.

Pain can be an acute event, which signals there is harm and you need to get away from it. Unfortunately, when pain becomes chronic—when it's present for

long periods of time after the tissue has healed—we can still have this perception of pain even though there is no obvious tissue damage or injury. At that point, pain fundamentally causes rewiring and alterations in our nervous system.

We need to think about pain as a disease in and of its own right—much like any other chronic disease, such as diabetes, asthma, or heart disease.

2 WHAT ARE COMMON MYTHS ABOUT PAIN?

One is that it's all in your head. This has some basis in truth, but we have to be careful. Yes, pain is all in our brain, but that doesn't mean it's made up. I spend a lot of time with my patients validating

their experience of pain and then helping them understand how pain really is influenced in the brain by a multitude of factors—stress, anger, catastrophizing, anxiety, belief systems, expectations—all of these play a significant role in our experience of pain.

Another myth is that you have to live with it. We need to first find out if there are any medical causes that can be corrected for someone's pain, so it's not just a matter of telling someone you have to live with it. But it's up to us physicians to show people how to best manage that pain, whether through medication, surgery, physical and occupational therapy, or mind/body approaches—all of these show significant benefit in reducing patients' pain and helping them improve quality of life and physical functioning.

One other myth is that patients sometimes think medication is going to cure pain. Most of the time, medications help reduce or alleviate patients' pain, but in very few cases do they have disease-modifying properties. The truth is, for many of these chronic painful conditions, we haven't found specific cures for the pain, but we have found wonderful ways to manage it.

3 IS CHRONIC PAIN DIFFERENT FOR MEN AND WOMEN?

Yes. This is a hot topic right now. What we know is there's a larger percentage of women who experience chronic pain—the data in my clinic is two-thirds women to one-third men. Women are more likely to get certain chronic painful conditions, such as fibromyalgia and irritable bowel syndrome. Some conditions tend to affect men more, such as cluster headaches.

Women are also more sensitive to experimentally evoked pain (pain produced in a laboratory or research study)—heat, cold, electrical stimuli, pressure. But we have to be careful not to interpret this increase to mean that women are weaker than men because there are genetic, hormonal, and central brain differences in women that we believe may be playing a role.

4 WHAT PROMISING NEW DRUGS OR TREATMENTS ARE ON THE HORIZON?

There are drugs under investigation that modulate [adjust] the immune response in certain autoimmune diseases, like rheumatoid arthritis, that lead to chronic pain. Some of these are showing promise.

Researchers are working on gene therapy approaches to chronic pain, using viruses to turn on and off our own internal chemical plants to release pain-relieving substances. An example of this is when you get a runner's high: You can have gene therapy that turns that on continuously. These are still in the early stages, but they hold promise.

Scientists are investigating different ways of implanting stimulators into our nervous system and into our brain to turn off the signals responsible for pain. I think we're going to be seeing exciting treatments for chronic pain in the future.

5 WHAT DO WE NOW KNOW ABOUT PAIN THAT WE DIDN'T A FEW YEARS AGO?

The mind and body are very linked, and research is showing that linkage more and more.

Recently, we developed technology [a type of MRI scan called fMRI, or functional magnetic resonance imaging] that allows us to focus on a specific region of the brain responsible for the perception of pain. We had people think about their chronic pain as being this terrible, horrific experience. Then we asked them to think about it in a calming, soothing, pleasant manner. We found their brain activity went up and went down as a consequence. They could see their brain activity, and over time they would eventually learn how to control a specific area of their brain and their pain.

Even so, we're still predominantly using fMRI as a way of better understanding the brain and its relationship to pain, but it's not yet ready for prime time as a treatment. We're just at the tip of the iceberg in understanding the role of the brain in pain. ■

Reviewed by
Louise Chang, MD
WebMD SENIOR MEDICAL EDITOR



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Change of Pace

By Shoshana Davis
WebMD.com community member



Once considered a "fall risk," 26-year-old Shoshana Davis no longer faints, thanks to her pacemaker.

"DOES YOUR BRA really go up that high?" the TSA officer asked, running her hands along my chest. My boyfriend, Adam, and I were headed for a romantic getaway, and being held at airport security wasn't on our itinerary. "I have a pacemaker. That's a scar, not my bra," I said. "You're too young for that," she said.

While I'm not the only 26-year-old with a pacemaker, I'm the only one most security officers have seen. Of the pacemakers installed yearly, 84% are for people older than age 65. Only 6% are for those younger than 49.

I was 15 the first time I fainted. I was misdiagnosed with a fainting condition, which typically occurs after sudden drops in blood pressure. Dehydration and seeing blood are other common triggers for this type of fainting. My doctors blamed the heat; I lived in Arizona, so it made sense.

For years, I collapsed every few months. By the time I moved to New York City when I was 23 for a job at CBS News, I was frustrated. The doctors I saw only seemed to tell me to stay hydrated and eat potato chips to keep my blood pressure up. But it didn't work. I fainted in a meeting at work. One time, my roommates found me bruised and bloodied in the shower.

A friend recommended I see her cardiologist, and within hours he sent me to an electrophysiologist, a doctor who specializes in the electrical activity of the heart. He did the same tests as my previous doctors but noticed that my heart rate was dangerously low, even when I was awake and moving around. His diagnosis was bradycardia, which technically means your resting heartbeat is less than 60 beats per minute. I was healthy; my heartbeat was just much slower than most.

My new doctor's impulse was to give me a pacemaker, but he decided to first implant a heart monitor, which reads the heart's electrical activity over a long period of time. Pacemaker installations are common, but younger patients require more surgeries over their lifetime because the batteries are replaced every seven years. Complications, such as infections, can also occur from having a pacemaker.

I had the monitor for a little more than a year when I fainted for the last time. I was at Adam's parents' house for dinner and crashed down the basement stairs and into a glass door. I don't recommend this for impressing potential in-laws. They rushed me to the ER. The monitor confirmed that my heartbeat was not just slow but was stopping for long periods. I was admitted and given a bright yellow bracelet that said, "fall risk." That bracelet summed up the last 10 years of my life. I left the hospital a few days later with a pacemaker.

It's been two years since my procedure, and I haven't fainted once. Adam and I are now engaged and planning a destination wedding. I'm probably one of the few people happy to add a little bit of extra time at airport security. I view it as a good exchange for no longer being a fall risk.

MATTHEW FURMAN

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Donnette, angina patient

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Slow Burn

The thyroid-weight loss connection

Q I am 5 feet 5 ½ inches and weigh 204 pounds. Before I was diagnosed with a thyroid problem in 1996, I was a slim, active 150 pounds. I walk 90 minutes a day, four to six times a week, plus I walk four or more miles a day for my job at a theme park. Why can't I lose the weight? I eat between 1,600 and 2,000 calories a day.

► **Springmorgan,**
in WebMD's women's health community

Posted by ►
georgiagail

Depending on your age, 1,600 to 2,000 calories is likely to meet your energy requirements but is too much to decrease weight. You might also want to consider doing some more vigorous exercise than walking. While aerobic exercise such as walking is good for the heart, a weight loss program typically needs both muscle building and aerobic exercise to be successful.

Posted by ►
joceyepoo

I have had hypothyroidism since 1992. I have not gained any weight in years, but I have not lost one pound. Embrace yourself for what you are. I had to learn how to dress for my size and, hey, I look great no matter what.



Posted by ►
Poisongirl98

I have hypothyroidism, too, and everything I have read says it does not cause significant weight gain, but can make losing weight difficult. Have you had your thyroid levels tested recently? You could be eating too little for the amount of activity you do, so your metabolism has slowed down and your body is holding on to the fat.

Posted by ►
Maijab

You're doing a lot of exercise, but doing body weight exercise and weights will help change your metabolism; I've heard more muscle equals better metabolism. Body weight exercises (squats, push-ups, lunges) will help you lose pounds and tone up.



Stick to your guns



I'm sure you must be frustrated. Thyroid problems can indeed make it more difficult to lose weight. But it's important to keep trying. Excess weight puts you at risk for diabetes, high blood pressure, and heart disease, among other conditions. As Poisongirl98 notes, your first step should be to get your thyroid levels tested so you know you're on the right treatment plan. Then, kick up your activity level: Use a heart rate monitor, start doing interval training to boost yourself out of your comfort zone, and add strength training two to three times a week. You may need to reduce your calorie consumption. Most adult women trying to lose weight need about 1,200 calories per day, maybe a bit more if they're exercising. Finally, stick with it and be patient. Sustainable weight loss takes time and comes down to a pound or two each week with consistent exercise and a healthy eating plan.

Brunilda Nazario, MD
WebMD ENDOCRINOLOGY EXPERT

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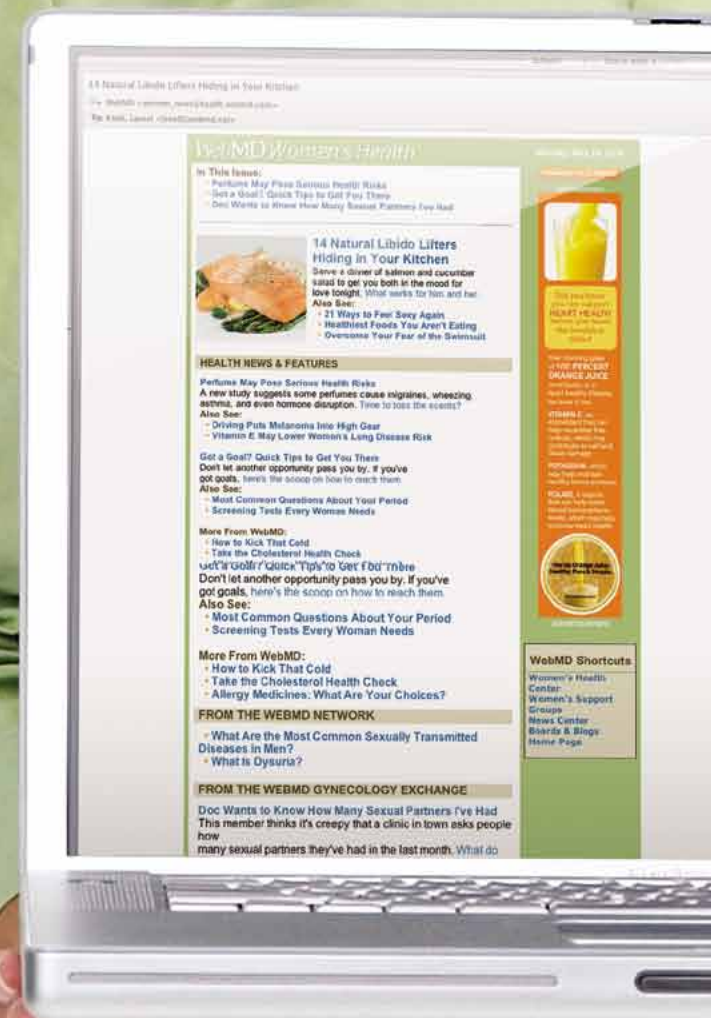
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Pill Drill Are antibiotics being overprescribed to kids?

Q ▶ I'm worried that kids—mine and others—are taking too many antibiotics too often. What can parents do?

A ▶ You're right to be concerned. Antibiotics are overprescribed. And the potential consequences, including drug-resistant bacteria and hard-to-cure diseases, are real. The problem is due partly to habit (doctors are used to prescribing them) and also to parental pressure. Some doctors feel parents insist on a prescription and are disappointed if they don't get one. Not all parents do this, but some are very vocal about it. Perhaps doctors have a false impression that all parents want antibiotics all the time.

Doctors need to stand firm, and parents need to learn. Few of the most common upper respiratory infections in children require antibiotics. Most fevers and respiratory infections—including bronchitis—are caused by viruses, which don't respond to antibiotics.



Ear infections in children older than 2 usually go away without antibiotics. And most sore throats require antibiotics only if a strep test is positive. A few exceptions, such as bacterial pneumonia, apply but not for most of these conditions.

What can you do? Prevent illness by making sure your child's vaccinations are up to date. Let your pediatrician know you're fine with not getting antibiotics

unless it's truly necessary. And if your child is prescribed antibiotics, make sure she takes the full dose. Don't stop or start them on your own without your doctor's OK.



Roy Benaroch, MD
WebMD CHILDREN'S HEALTH EXPERT

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RUNNING SHOES

Sole Story

The precursor of modern-day running shoes was a pair of cloth shoes with a rubber sole adhered to the bottom, created in the early 1800s.

To the Point

Spiked shoes for running were first developed in 1852. Still used today by those who run on a track, they provide a good grip.

British Born

The first sports shoe manufacturer was a U.K. company called Boulton, established in the 1890s. It was later renamed Reebok, after an African gazelle.

Family Feud

Brothers Rudolf and Adolf Dassler founded two popular running shoe brands, Puma and Adidas. The siblings worked for a family company but split in the 1940s after a dispute.

Fit to Be Tied

There are three types of running shoes: “motion control” for people with flat feet or low arches, “stability” for those who have medium arches, and “cushioned” for those with high arches.

Long Haul

Running shoes typically need to be replaced every 350 to 550 miles.

Shh-oes

The name “sneaker” refers to the lack of noise from rubber soles.

Bare Truth

In 2010, the shoe brand Vibram developed the first running shoe to mimic the feel of barefoot running.

Box Step

When buying running shoes, make sure there is a thumbnail's length of space in the toebox of the shoe, which usually means going up a half size.—Chloe Thompson



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Healthy Habits

Want to live longer? Put these to-dos on your list

Active, healthy living as you age isn't mysterious. Put these four tips to work for better health into your 50s, 60s, and beyond.

1. Lift weights. To improve bone health and muscle mass, do resistance training with weights or bands at least twice a week and weight-bearing exercises such as walking, yoga, and dancing at least 30 minutes most days of the week. This combo may bring the best brain benefits, too, even reducing the risk of Alzheimer's, says Sharon A. Brangman, MD, chief of geriatrics at Upstate Medical University in Syracuse, N.Y.

When lifting weights, form is foremost, says F. Michael Gloth III, MD, author of *Fit at 50 and Beyond: A Balanced Exercise and Nutrition Program*. Go for smooth, comfortable movements. A jerky bench press or biceps curl can cause injury and put you out of commission longer than when you're younger.

2. Eat smart calories. "Cooking can take a back seat when children leave home or you lose a spouse," Brangman says. You might be tempted to turn to grocery-store-prepared meals or the early-bird buffet. They're plentiful and cheap but often packed with dense calories high in salt, sugar, and fat. Those calories are not all created equal. For example, your body easily accesses simple sugars like those in fruit juice, Gloth says. "But you expend more energy to get the calories out of protein or a high-fiber carbohydrate, such as a vegetable or fruit." That can translate to better weight control.

3. Get your D. Almost all older adults are deficient in vitamin D, especially in winter, Gloth says. The nutrient is essential for protecting bones and may improve your balance, strength, mood, and immune system.

The official guidelines say adults need 600 to 800 IU of vitamin D daily. But for the greatest benefits you may need up to about 3,000 to 4,000 IU daily, Gloth says. Keep in mind that's the total amount you get from food, drinks, and supplements. Ask your doctor which amount is right for you.

4. Drink up. Hunger and thirst centers are near each other in the brain, Gloth says. Quench your thirst, and you may also feel less hungry and eat less. Another benefit? If you're on high blood pressure medications, staying well hydrated can help prevent falls; it reduces the chance of low blood pressure when getting up quickly.

As for that other kind of drink? Alcohol tolerance decreases with age, Gloth says, so make sure your social cocktail doesn't turn into three or four drinks. —Annie Stuart

Reviewed by
Michael Smith, MD
WebMD CHIEF MEDICAL EDITOR



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Get Started

*American Journal of Preventive Medicine, August 2008

Face First

Start the new year with a beauty product makeover full of essentials you can use 365 days a year



1
Dirt Devil
Start and end your day with **Cetaphil Daily Facial Cleanser** and gently keep grime at bay.

2
Good Night
Sleep away fine lines with the help of **SkinMedica Tri-Retinol Complex**.

3
Brush Up
Colorescience Pro Sunforgettable Mineral Powder Sun Protection SPF 30 offers a twist on sunscreen.

4
Starting Block
Face the day with **Aveeno Positively Radiant Daily Moisturizer SPF 30**.

You asked!

Q. I want to pare down the skin care products in my cabinet. What are the must-haves I can use for my face all year long?



Lori Jones, 30, arts administrator, Raleigh, N.C.

A. You need just a few tried-and-true products that work for your skin, so it makes sense to refresh your at-home cosmetic counter. Start with a cleanser. A good one that works year-round is **Cetaphil Daily Facial Cleanser** (\$7.99), a gentle foaming formula that effectively removes the dirt and grime that has accumulated on your face throughout the day.

Sunscreen is another must-have, and not just for sunny summer days. You still get plenty of ultraviolet exposure when the sky is overcast. To keep your skin protected, make sure your daytime moisturizer contains sunscreen. One to try: **Aveeno Positively Radiant Daily Moisturizer SPF 30** (\$16.99). I also recommend an on-the-go product with sunscreen that you can apply throughout the day. I love **Colorescience Pro Sunforgettable Mineral Powder Sun Protection SPF 30** (\$50) because it's easy to use. Not only can you apply it without a mirror, it comes with the brush applicator attached.

At night, you'll need a good moisturizer such as **SkinMedica Tri-Retinol Complex** (\$55), which doubles as a fine-line fighter. The cream slowly releases retinol (a form of vitamin A) while you sleep, helping to diminish the irritation some women get with vitamin A products.

Sandra Lee, MD,
Skin Physicians and Surgeons,
Upland, Calif.



CHUNG LEE

Continued on page 41 ►

Dr. Alexis says:

A. The new year is an ideal time to reevaluate your skin care routine and overall skin health. If you aren't sure where to start, talk to your dermatologist about cleansing, moisturizing, sun protection, and anti-aging strategies that are right for your skin.

In general, what do you need? Look for a gentle facial cleanser that contains ceramides, important fatty acids that are also in the uppermost layer of skin that protects deeper layers from the environment. One to try: **CeraVe Foaming Facial Cleanser** (\$12.99).

You'll also want a light moisturizer infused with a broad-spectrum sunscreen that protects against UVA (the aging kind) and UVB (the burning kind) rays. Most SPF's block UVB rays, but to ensure you are also protecting yourself from UVA rays, look for ingredients like mexoryl and avobenzone on the label. I like **La Roche-Posay Anthelios 60 Ultra Light Sunscreen Fluid** (\$29.50), a noncomedogenic sunscreen that won't clog pores, doesn't leave a white film or residue, and is great for daily use.

And what about nighttime? Wash your face before bed and apply an over-the-counter anti-aging night cream that contains retinol, such as **Neutrogena Rapid Wrinkle Repair Serum** (\$19.99), available in late January.

Don't forget the delicate skin around your eyes, which typically shows the first signs of aging. Try **RoC Retinol Correxion Eye Cream** (\$21.99), which helps reduce crow's feet, even out dark circles, and minimize puffiness.—Ayren Jackson-Cannady

Andrew Alexis, MD,
director, Skin of Color Center,
St. Luke's and Roosevelt
Hospitals



CHUNG LEE

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



1
Clean Slate
Wash and protect with **CeraVe Foaming Facial Cleanser**.

2
Night Cap
Neutrogena Rapid Wrinkle Repair Serum works overtime while you snooze.

4
See Change
RoC Retinol Correxion Eye Cream keeps peepers looking good.

3
Light Bright
Keep the sun at bay with **La Roche-Posay Anthelios 60 Ultra Light Sunscreen Fluid**.

“The new year is an ideal time to reevaluate your skin care routine and overall skin health.”

Seasons Change

For fab skin all year, Mona Gohara, MD, assistant clinical professor of dermatology at Yale School of Medicine, suggests doing something for your complexion every season.

WINTER

To do: New Year's resolutions abound. Make sure a head-to-toe skin check by a dermatologist is on the list.

SPRING

To do: Schedule a microdermabrasion treatment with a light chemical peel at your dermatologist's office. "It will revitalize your skin before summer," Gohara says.

SUMMER

To do: Stock up on sunscreen. Gohara recommends applying a sunscreen with SPF 30 or higher to exposed skin every two hours to prevent sun damage (wrinkles, age spots) and skin cancer.

FALL

To do: Consider IPL (intense pulsed light) treatment to remove brown spots caused by the sun and reduce facial redness or flushing caused by cold temps, Gohara says.



Brow Beat

Get the line on a waxing alternative: threading

With thick black eyebrows and a smattering of dark hairs on her cheeks, chin, and upper lip, Stephanie Maier, 43, has been on a decades-long journey, she says, to find the best way to keep her brows tidy and remove unwanted facial hair. “I’ve tried them all,” says the Fort Myers, Fla., political consultant. “Sticky home waxing kits, smelly bleaches, agonizing plucking. Professional waxing seemed to work the best, and that was my standard ritual for years.”

Then, in 2004, Maier was working in Afghanistan when she visited a local spa and encountered an eyebrow grooming method new to her: threading. A centuries-old technique with origins in the Middle East and South Asia, threading uses cotton thread to shape brows and whisk hair from other areas of the face. A threader twists a thread into a loop and rolls it against the skin, moving at lightning speed. The loop acts like a tiny lasso, pulling out hair by the roots.

Maier decided to give it a go. “It felt like someone was giving me hundreds of tiny pinches,” she says. But the process took only a few minutes and when it was over, Maier had delicately arched brows, with not an errant hair in sight.

Salons offering threading are popping up in cities across the country. If you’re less than satisfied with your current method of brow shaping, this all-natural process might be worth a try. With threading, says Shobha Tummala, the owner of three threading studios in New York City, “you get both the expediency of waxing, because threading can remove multiple hairs at one time, and the



precision of tweezing, because you can target individual hairs.” And the results last about as long as waxing does, two to four weeks.

For people who use topical retinoids or acne medications, threading may be a safer alternative to waxing, which can sometimes take off layers of skin that have been thinned by those drugs, says Ellen Marmur, MD, associate professor and chief of dermatologic and cosmetic surgery at Mount Sinai Medical Center. She also notes that the hot temperature of wax can lead to hyperpigmentation (dark patches of skin), while tweezing can produce ingrown hairs. However, threading can cause ingrown hairs and small red bumps, too.

Maier now goes to a threading salon in a local mall once a month. “Yes, the first 60 seconds or so are uncomfortable, but you get used to it,” she says, “and when it’s over your skin is 100% smooth and hair-free.”—Shelley Levitt

STRING THEORY

Want to give threading a try? Ellen Marmur, MD, and salon owner Shobha Tummala share tips for finding a pro who won’t string you along.

String Safety

Choose a licensed cosmetologist, esthetician, or waxer. “Any tearing of skin can make you vulnerable to skin infections,” Marmur says.

Speed and Cost

Eyebrow threading can cost anywhere from \$5 to \$40 and up. Look for someone who will spend at least 10 minutes shaping your brows, even if that means paying a bit more.

Clean Choice Traditionally, a threader holds the thread between her teeth. In some places, such as California, where threading is regulated, it’s illegal to hold thread in the mouth. Regulators deem that unsanitary. Some practitioners tie the thread around their neck. If you’re concerned, you may want to look for the latter method.

“Eyebrow threading can cost anywhere from \$5 to \$40 and up.”



VIVEK SHARMA/CORBIS

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



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Back on Track

Don't beat yourself up—it happens to all of us. Here's how to get in shape...again

I have a friend who spent much of last spring training for a half marathon. She printed out a training schedule and gathered a group of friends to run with in the early morning before her kids woke up. She spent 12 weeks building her endurance, experimenting with running at different speeds, and getting mentally ready.

Three days before race day she developed a deep cough. She tried to run the race but had to drop out after two miles due to the pain in her chest. Eventually the cough morphed into pneumonia. All told, she stopped exercising for 29 days, which meant that when her body was finally healed, she was sorely out of shape—and demoralized to boot.

Sound familiar? I'll bet you've thought at some point, "I'll never get in shape again." Maybe your exercise plans got derailed by an injury. Or maybe it was work demands, family schedules, or emotional trauma, like a divorce or death in the family. Whatever it was, you've fallen off the exercise wagon and aren't sure you'll ever be motivated or fit enough to jump back on.

This happens to just about everyone. Realize that you can rebuild your stamina and come out of this healthier, stronger—and maybe even a little wiser. Here's how:

Create a goal. Women tend to spend a lot of time dwelling on their current state of overweight and lack of fitness. That sort of self-defeating thinking doesn't help anyone. Sit down and figure out a goal you want to achieve. Do you want to run one mile or five? Swim two laps or 20? Climb every mountain or maybe just that hilly sidewalk in your neighborhood? Write it down and keep it in front of you. The refrigerator is a good place. So is your desk.



Create a plan. Now figure out the baby steps you're going to take to get to that goal. Look at how, where, and with whom you spend time, and start to make changes that allow you the time you need to get back in shape.

Create opportunities. If you've been injured and are on the road to recovery, find ways to exercise that begin to rebuild your strength and stamina. You might try elliptical or rowing machines, bicycling, dancing, swimming, or easy hiking. Maybe now is the time to start yoga or Pilates.

WORKOUT S.O.S.

Mind Accept that you have hit an obstacle and you need to find a different path. See this as a chance to explore new approaches to self-care and fitness.

Muscles Start slow. Sure, you were able to run five miles two months ago, but right now you can only run one. So run one and know that you'll build up again. This is also a good time to think about strength training since strong muscles, ligaments, and tendons help prevent injury. Aim to use weights twice a week or shoot for 25 push-ups, 100 sit-ups, or similar exercise to start.

Mouth Remember, fitness isn't just about exercise. It's about your total health. Concentrate on other ways of nourishing your body. For example, make it a goal to eat more vegetables, cook more often at home, and bring healthy homemade lunches to work.



LEFT: A.B. GETTY IMAGES; CANVA IMAGES/GETTY IMAGES



60% of U.S. women don't do vigorous exercise, such as jogging or riding a bike fast, for 10 minutes or more a week.

Find a workout buddy in the [fitness community](#).  [WebMD.com](#)



Adverse Effects

It's true: What doesn't kill you will make you stronger. To a point

Beth Elliott nursed her mother through the last stages of cancer. Less than two years later, her husband learned he had only a few months to live. Six months after he died, Elliott herself was diagnosed with thyroid cancer.

What would you do if you were her? Succumb to grief and feel unable to go on with your life? Or find a way to cope and move on? Elliott, 40, a college

natural disaster, that had happened to them before the survey began. They also reported adverse events that happened during the survey period.

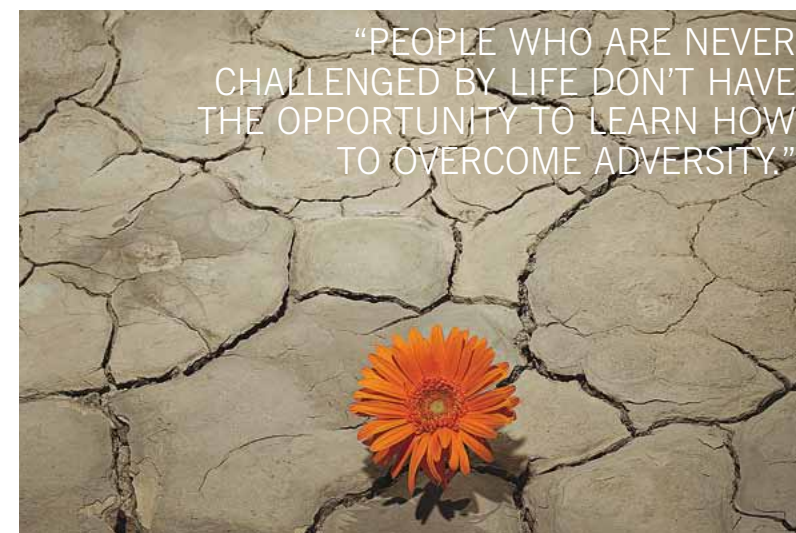
The surprising result? Those who had previously endured hardships were happier afterward. They were tougher, in a good way. "People who are never challenged by life don't have the opportunity to learn how to overcome adversity, which enables them to

develop coping strategies, identify who the important members of their social network are, and feel competent after they make it through," says Roxane Cohen Silver, PhD, the University of California, Irvine, psychologist who led the study.

Indeed, while everyone responds differently to tragedy, those in the study who had never undergone hard times tended to have less of a sense of general well-being. After tragedy, most of us eventually do return to our previous state of well-

being. But there's a limit. Too many negative events can overwhelm a person's ability to cope. In the study, two or three misfortunes seemed to enhance resilience, but having as many as 15 stressors hindered daily coping.

Before his death, Elliott's husband spoke to her many times about her future. These conversations built her emotional strength. "All that has happened to me has given me a gift to see how strong and capable I am."—Susan Kuchinskas



student in Hampton, Va., says she eventually realized she had "a choice between life and happiness or letting this get me down and staying miserable."

It turns out the adage is true: Some adversity in life makes us stronger—or, at least, better able to handle everyday hassles. But only up to a point. A recent study monitored the mental health and general well-being of nearly 2,000 people for several years, checking on them via online surveys. They were asked to list any troubling events, such as divorce, loss of a parent, or a

TALKING POINTS

Roxane Cohen Silver, PhD, has researched how people respond when they hear someone else's bad news. Your support can help a lot, she finds. Some of her guidelines:

Don't tell someone he will "get over it." "This trivializes the person's experience," she says. Instead, acknowledge how awful it is.

Don't provide a philosophical or religious perspective on the trauma. People who have this perspective find the comments unnecessary. Those who don't find them alienating.

Do provide others the opportunity to talk about their feelings if they want to. If they do, express concern and sympathy.

Do offer tangible help and support, such as bringing a meal, offering a ride, and taking care of household chores.

Do simply be physically present with the person who has experienced a loss or traumatic event, without feeling you have to talk.



About 40% of people meet criteria for major depression within a month of a loved one's death.

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Desire Rx

What really happens behind closed doors when a couple goes to a sex therapist's office?

She (we'll call her Janice, age 41) was unhappy with her husband (we'll call him Pat, 42). After several years of his inability to sustain an erection, she started blaming herself and lost confidence in her sexual appeal. She began to doubt the value of their marriage and decided to see a sex therapist for counsel.

any title that contains the word *sex* may sound provocative, what happens in the offices of certified sex educators, counselors, and therapists is all about talk, much like any other form of therapy and counseling. "We are not allowed to touch our clients, nor would we consider doing so," Andelloux says. "No sex ever takes place in a sex therapist's office."

Her office is a venue for clients struggling with any range of sexual issues to feel completely safe and candid in discussing and working on these problems. "It could be about two people having different levels of desire," she says. "We see everything from couples dealing with aging and changes in sexual functioning, to women dealing with rape trauma in their sex lives, to men being concerned and ashamed about the content of their fantasies. It's a large range."

As a sex educator, Andelloux's

work focuses on far-ranging conversations about sex and sexuality, including a typical technique in traditional therapists' offices: homework. For couples having trouble with intimacy (a common problem), Andelloux may prescribe what's called purposeful touch. "I might advise 10 minutes a day of touching one's partner that doesn't lead to sex," she says.

For Janice and Pat, the homework goes on. "They're still together," Andelloux says. "He's lost weight and gained confidence, and they're working on their sex lives as well as their marriage." It was a good day at the office. —Tracey Minkin

BACKGROUND CHECK

What leads a couple to a sex therapist?

Most begin dealing with relationship issues in traditional therapy settings, with marriage counselors or therapists, says certified sexologist and sexuality educator Megan Andelloux, BS.

But sometimes this professional may not be educated in a range of issues regarding sexuality, so a referral is in order. Here's how sex therapists learn their craft:

Added knowledge While trained therapists such as those with a master's degree in social work, or MSWs, receive a number of hours of sexuality training in their overall education, accredited sex therapists build on already-existing backgrounds in social work, medicine, psychology, or specific graduate work in sexuality.

Extra hours The American Association of Sexuality Educators, Counselors, and Therapists, the field's central body of oversight and accreditation, requires 90 hours of graduate-level coursework, plus supervised clinical hours.

WE SEE EVERYTHING FROM COUPLES DEALING WITH AGING OR WEIGHT TO DIFFERENT LEVELS OF DESIRE.

THE DOCTOR IS IN

After her first few sessions with Rhode Island-based certified sexologist and sexuality educator Megan Andelloux, BS, Janice gained the courage to ask Pat to see a doctor to rule out a medical condition. That turned out to be the case: He had weight issues that were affecting blood flow (which can cause erectile dysfunction). At Andelloux's suggestion, the couple began to explore intimacy not based solely on erections, while Pat worked to lose weight and improve his overall health. For Janice and Pat, it was a new beginning. For Andelloux, it was another day at the office.

Which raises the question: Just what goes on behind the doors of a certified sexologist? While



Sexual dysfunction is more common in **women, 43%, than men, 31%.**

Get expert answers to top-asked **sex questions.** **WebMD.com**



Gun Fight

Is there a link between boys playing shoot-'em-up and violent behavior?

Tammy Worth and her husband were determined not to let their two boys, now 7 and 5 years old, play with toy guns or other pretend weapons. "When they were little, we never got them water guns, and we'd avoid buying toy sets with guns," says Worth, 36, a journalist in Blue Springs, Mo. "We

By the age of 2 or 3, clear gender preferences emerge when it comes to playtime. In general, boys lean toward aggressive play, such as fighting monsters, while girls are more inclined to engage with dolls or games that involve family. The root of these differences has been debated for ages. "We can't tell if it's wired in or social learning," Thompson says.

Play has been linked to social and cognitive development. Through imaginary games, children learn how to control impulses, delay gratification, think symbolically, and view things from another's perspective. Play also allows children to act out their fears and aspirations. "As a little boy, you're not very powerful," Thompson says. "With a gun, you feel powerful and heroic."

That doesn't mean this type of play is about violence, however. According to Thompson, it's really about dominance and heroism, winning and losing, and who gets to be the good guy in the end. Sometimes "there is aggression and hurtfulness, and that must be stopped," Thompson says.

Despite the household ban, Worth's boys made a beeline for guns and swords every time they hit the toy store, so she decided to loosen the reins. "My older son has grown out of it," she says of the guns and other toy weapons. "He doesn't play with them at all anymore." —Lisa Zamosky



thought it would make them more violent and teach them that shooting is OK."

"Everyone has an informal causation theory that playing with guns leads to the use of guns in adulthood," says Michael Thompson, PhD, child psychologist and author of *It's a Boy!: Your Son's Development From Birth to Age 18*. Yet, most adult men who did engage in gunplay as children don't commit violent crimes.

Opinions about the impact of gunplay vary widely, but the research, according to Thompson, is clear: "There's no scientific evidence suggesting that playing war games in childhood leads to real-life aggression."

BULLETPROOF PLAY

Child psychologist Michael Thompson, PhD, offers tips for parents whose boys want to play with toy guns.

Watch your words. Be cautious about criticizing boys' form of play. At 4 and 5, a boy *is* his play, Thompson says. "Boys think, 'If you don't like my play, you don't like me.'" As long as no one is getting hurt, allow a little roughhousing.

Play it out. Banning the content of games won't stop it, and often creates the allure of forbidden fruit. "They will eventually tire of the sameness [of their games] when it isn't an ideological struggle with the adult world," Thompson says.

Take a stand. If your boys' gunplay draws scrutiny from the neighbors, "You can say, 'I don't believe it's good for boys to have adults always interfering with or dictating their play. We don't do that to girls,'" Thompson says.



About **60% to 80% of boys** play with aggressive toys at home, including guns. About 30% of girls do.

Share your playtime tips in the **parenting communities.** **WebMD.com**



Pack Play

Is doggie day care right for your pup? A canine expert answers common questions

Have a dog who's home alone all day with nothing to do but gnaw on your new leather boots? Maybe you need doggie day care. A good facility gets Fido out of the house and frolicking among his own kind. Dog trainer Nana Will of Gold Hill, Colo., answers some top questions about this alternative to leaving your dog all by his lonesome.

chosen may give your dog a temperament test to determine how suitable he or she is. That's a good idea. It will help match your dog to the correct play group.

What training should day care staff have?

They should be trained in body language, signs of stress, and basic animal care. Ideally, they should have a good behavioral foundation of how dogs communicate. Almost nothing a dog does is incidental or accidental. There's a lot that dogs say, and we don't see it, even in their overt behaviors.

Should my dog go all day, every day?

It depends on the dog. A good facility will let you know if your dog needs a break. Obviously,

younger, more active dogs may need day care more. Otherwise they can get into trouble at home. Older, less active dogs might need it only occasionally. Take your cues from your dog.

How can I tell if my dog is enjoying doggie day care?

He should come home tired but happy and relaxed. The next day or time you take him back, if his tail is wagging and he's eager, then he is probably enjoying it. But if he doesn't want to go in, that's a bad sign. He's going too often, or going to the wrong doggie day care. —Sandy Eckstein

PURR-FECT?

What about cats—are they good candidates for day care? For the most part, cats are content to sleep the day through, says ASPCA animal behaviorist Katherine Miller, CAAB. But if they need to be boarded or left alone for extended periods, Miller offers a few tips to keep your kitty safe and content.

Pick an accredited facility, such as one certified by the American Boarding Kennel Association. Visit and ask a lot of questions. Look for a place with a well-trained staff that has a vet on site or on call, and offers accommodations where food, litter box, and bed aren't too close together.

Mixing with other cats may be more trouble than it's worth if your cat's staying just a few days. Make sure she will have an individual cage.

If you think she would be happier at home, consider a pet sitter. The National Association of Professional Pet Sitters can help you find one near you.

Give your cat something to watch while she's home alone. Bird feeders placed outside a window are "kitty TV," says Miller.



BACK IN THE PACK: DOG PORTRAITS/GETTY IMAGES

DOGS WITH SIMILAR ACTIVITY LEVELS, PLAY STYLES, AND PERSONALITIES SHOULD MIX WELL.



How can I be sure doggie day care is safe?

Ask questions. Does the facility screen? What's the level of supervision and security? What credentials does the staff have? Is there a staff member for every 15 dogs? That's a good ratio, but it may vary. Make sure the facility requires proof of vaccination for all dogs. And while breed is less important than personality, ask if employees are comfortable with all the breeds they admit.

What dogs play best together?

Dogs with similar activity levels, play styles, and personalities should mix well. The facility you've



Last year, Americans spent **\$3.65 billion** on pet grooming and boarding.

Get more tips on keeping your pets **happy and safe.**



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ANATOMY OF KALE

Old Leaf

Kale has been cultivated for more than 2,000 years. Popular in Europe during Roman times and the Middle Ages, it arrived in the United States in the 17th century.

Hip Chip

Kale chips are a nutritious, easy-to-make snack: Remove kale leaves from stems, tear into bite-sized pieces, drizzle with olive oil and a dash of salt, and bake 10 to 15 minutes in a 400°F oven.

Radical Act

Kale is packed with antioxidants, which help neutralize harmful free radicals in the body. Some research suggests kale helps reduce the risk of certain cancers.

Over the Top

One cup of chopped raw kale provides more than 100% of the daily value of vitamins A, C, and K.



Family Trees

Kale belongs to the same family as cabbage, Brussels sprouts, and collards.

Out in the Cold

For the best flavor, kale must be harvested after the first frost. This ensures some of the starches are turned into sugars.

True Colors

Types of kale are differentiated by color (green, white, purple, or bluish green) and leaf shape.

Seeing Green

Kale contains lutein, a type of carotenoid (an organic pigment) responsible for the plant's color and nutrients. Lutein helps keep eyes and vision healthy.—Chloe Thompson

healthy recipe

Hearty Kale Vegetable Soup

Makes 6 servings
 Ingredients

- 1 tbsp olive oil
- 1 large onion, chopped
- 1 large red bell pepper, chopped
- 1 cup carrots, chopped
- 2 garlic cloves, minced
- 2 cups red potatoes, peeled and diced
- 6 cups kale (about one bunch), stemmed and coarsely chopped
- 1 16-oz can low-sodium cannellini beans, drained and rinsed

- 1 14.5-oz can petite-diced fire roasted tomatoes, undrained
- 4–6 cups low-sodium chicken stock
- salt, pepper to taste
- 1 tbsp vinegar (sherry or wine)
- 1 tbsp chopped fresh rosemary

Directions

- Heat olive oil in a heavy-bottom pan or Dutch oven over medium-high heat. Add onion and cook 5 to 7 minutes until lightly browned; add red bell pepper, carrots, and garlic; sauté 5 minutes.
- Reduce heat to medium. Add potatoes, kale, beans, tomatoes, chicken stock, salt and pepper; simmer until potatoes are tender, about 10 to 15 minutes.
- Add additional water or stock if mixture becomes too thick. Before serving, stir in vinegar and garnish with rosemary.

Per serving:
 260 calories,
 14 g protein, 43 g carbohydrate,
 5 g fat (1 g saturated fat), 5 mg cholesterol,
 6 g fiber, 8 g sugar, 304 mg sodium.
 Calories from fat: 18%

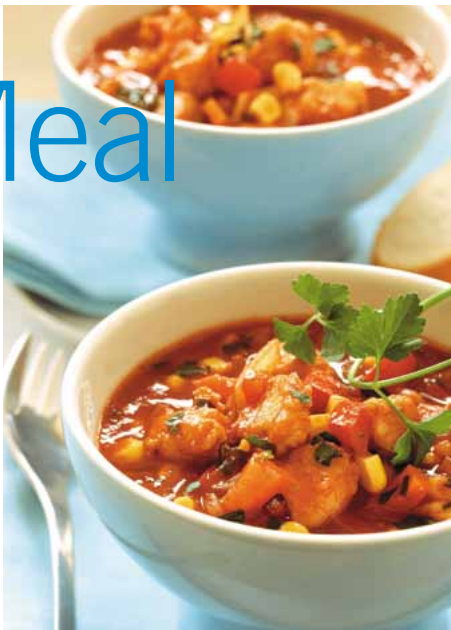
All hail kale! Get [more recipes](#).



WebMD.com

Happy Meal

We make a lot of New Year's resolutions around food. We vow to eat less sugar, less fat, and less salt. We promise ourselves we'll eat more veggies, whole grains, and fish and cut down on Big Macs and second helpings. These are good first steps, but you can make other kinds of food resolutions, too, ones that benefit your whole family's health, not just your own. Try my family food resolutions.



Schedule family dinners. Studies show gathering around the table for an evening meal helps kids get better grades, resist peer pressure to drink and smoke, and avoid eating disorders. Families are busy, I know, but aim for four nights a week. It will motivate you to prepare healthier meals and find time to talk to your kids.

Take charge. Make this the year you're in control, not your 3-year-old. When trying something new, a little struggle is OK. Spitting out food is OK. What's not OK is eating not-so-nutritious food just because your kids say they like it.

Start experimenting. Try one new fruit or vegetable each week. I like to go for a new color: a lighter shade of green, a deeper shade of yellow, orange, purple, even blue. Let your kids help you find unfamiliar varieties at the grocery, then search WebMD.com or your favorite cooking site for recipe and preparation ideas.

healthy recipe

Turkey Chili

Makes 6 servings
 Ingredients

- 2 tbsp extra virgin olive oil
- 1 medium yellow onion, chopped
- 2 tbsp ground cumin
- 1 to 3 tsp red chili flakes (to taste)
- 3 tbsp fresh garlic, chopped
- 1 lb ground, lean turkey breast
- 1 tbsp low-sodium soy sauce
- 1 14.5-oz can fire-roasted organic crushed tomatoes
- 2 15-oz cans low-sodium black beans
- 2 15-oz cans low-sodium kidney beans
- 1 cup water or chicken broth
- optional toppings: sharp cheddar or jack cheese, chopped fresh onion, fat-free or low-fat sour cream

Per serving (using water and not including optional toppings): 365 calories, 24 g protein, 56 g carbohydrate, 6 g fat (1 g saturated fat), 11 mg cholesterol, 18 g fiber, 1 g sugar, 189 mg sodium. Calories from fat: 15%

Directions

- In a heavy-bottomed pot, add olive oil and sauté onion, cumin, and chili flakes over medium heat. Do not let onion brown. As onion becomes soft, after about 5 minutes, add garlic and cook about 2 minutes.
- Add ground turkey breast. Stir to break up turkey. Add soy sauce, tomatoes, black and kidney beans, and water or broth. Bring to a boil, turn down to medium heat, and cook 10 minutes.
- Serve with optional toppings if desired.

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



WebMD.com

Moore

Interviewing Julianne Moore is not exactly work. It's more like hanging out with your coolest, most supportive mom friend. She draws out your confidences, and soon you're gossiping about the stuff all women go through when they're juggling kids, job, aging parents, and a changing body and sense of self. "You too?" "Oh, that happened to me and..." "Really? No way!"

Moore's New York City home, however, doesn't particularly resemble my mom friends' abodes, I realized when I walked into her West Village townhouse on a balmy September day. The parlor floor looks like an art gallery plunked down in the middle of a Montana mountain lodge, with faux animal hide chairs, a reclaimed tree-trunk coffee table, and giant framed art photos. One of the most arresting, depicting an elderly black woman in her 1950s-era kitchen, hangs above wide-planked dark wood floors. (Yes, while I'm there, a photography crew from *Architectural Digest* is onsite shooting in the back garden.)

By Gina Shaw, WebMD Contributing Writer

TO

Actor/author
Julianne Moore
puts her heart
into family, career,
and ways to improve
children's lives this
Valentine's Day

Reviewed by
Louise Chang, MD
WebMD SENIOR MEDICAL EDITOR



JEFF LIPSKY/OPH SYNDICATION



Despite the designer touches, this is also a home ringing with the life that Moore, 51, and her husband, movie director Bart Freundlich, have built together. Best known for her achingly vulnerable roles in films like *Far From Heaven*, *Boogie Nights*, and *The Kids Are All Right*, Moore opens the door with a warm, easy smile and immediately brings in two bottles of “bubbly water,” warning that “it’s lemony, just so you’re not surprised.” She points out an enormous photo in the hallway, one in a series called the Apron Project that pays tribute to that vanishing kitchen clothing staple and the domestic lives of the women who once wore aprons.

Before sitting, Moore jokes with her 9-year-old daughter, Liv, and

sends her off with a snack to do her homework. Proudly, she shows off the latest picture of her kids, Liv and 14-year-old Caleb, sporting goofy grins, ball caps, and matching T-shirts at summer camp. Freundlich saunters in wearing cargo shorts and a backpack and calls down to joke with Liv at work on the floor below.

Casual in a moss-green top and soft chocolate-brown pants, Moore settles herself on the couch with her black Labrador-terrier mix, Cherry, sniffing around her toes as she talks. Her calm manner belies her

frenzied schedule. Yesterday, the four-time Academy Award nominee finished shooting *What Maisie Knew*, a modern retelling of the Henry James novel. On Monday, she starts a tour for her new book, the third in the popular *Freckleface Strawberry* children’s series. Then she heads to upstate New York to resume filming *The English Teacher*, with actor Greg Kinnear.

Champion for Children

She’s also right in the thick of planning the release of custom-designed Valentine’s Day cards for Save the Children, the 80-year-old nonprofit that provides education, nutrition, and health programs for children living in poverty around the world (savethechildren.org).

As a Save the Children artist ambassador, Moore helps promote the annual Valentine’s Day card sale campaign to raise funds for kids’ initiatives in the United States. One, called Literacy Block, gives kindergartners through eighth-graders supported activities that help them grow as readers with guided independent



The days when she was “Freckleface Strawberry” in school were also the days Moore developed an early sense of the inequality in kids’ education.



KRIS CONNOR/GETTY IMAGES



Moore works with Save the Children to inspire kids to learn to love reading.

reading practice, fluency-building support, and listening to books read aloud.

Moore’s interest is to do something about the link between poverty and literacy. Research shows that by age 4, poor children are 18 months behind their peers developmentally. At age 10, this gap persists. When they grow up, that difference in skills matters; people with low levels of education have higher rates of unemployment.

“Our literacy work encompasses just about everything we do, from early childhood education to early cognitive skills, all with the goal that by the time they’re in fourth grade, kids are no longer learning to read, but reading to learn,” says Jennifer Kaleba, director of marketing and communications for Save the Children’s U.S. programs.

“Valentine’s Day is as big as Halloween for kids,” Kaleba says. “I was very involved with Trick-or-Treat for UNICEF as a kid, and I thought, Why don’t we attach something about U.S. poverty to Valentine’s Day and allow kids to help one another?”

Past cards have featured children’s art, but this year the cards will be recognizable to many parents, designed by favorite children’s book illustrators such as Mo Willems (*Don’t Let the Pigeon Drive the Bus!*), Ian Falconer (*Olivia*), Kevin Henkes (*Lilly’s Purple Plastic Purse*), Brian Selznick (*The Invention of Hugo Cabret*), and LeUyen Pham, who illustrates

Moore’s own *Freckleface Strawberry* series, inspired by her childhood nickname.

The days when she was “Freckleface Strawberry” in school were also the days Moore developed an early sense of the inequality in kids’ education. Her military family moved often, and she attended at least nine schools—some on a military base but most of them local public schools.

“The one thing I knew as a child was it’s not fair that the education you get depends on where you live,” she recalls. “We were all over the South, and then we lived in Nebraska for awhile, and I saw what schools were like in areas that were just strapped. Then I went to school in Alaska, where the public elementary school served an array of economic needs. The lieutenant governor’s kid was in my class, and so was a little girl from the Native American community who had fetal alcohol syndrome.”

From there, Moore’s family—her father eventually became a military judge, while her mother was a social worker—moved to Westchester County, N.Y. “There, everything was so opulent, and nobody appeared to have any needs at all.”

So when her teachers taught the lesson that America is a land of equal opportunity, young Julianne was skeptical. “I’m looking around, going, ‘That’s not true.’ I saw the disparity right in front of me,” she says. “We’re all supposed to have an equal

No Kidding

Tough times are extra hard on children

As America’s economic recession lurches into its fourth year, the tentacles of poverty are squeezing more U.S. kids. “The common notion of poverty is the child in the ghetto, and it’s true that about 29% of kids in major cities live in poverty,” says Beth Mattingly, PhD, director of research on vulnerable families at The Carsey Institute at the University of New Hampshire. “But one in four kids in rural America is growing up in poverty, too.” Mattingly adds that between 2009 and 2010, an additional 1 million American children became poor. How can you help? Mattingly offers some tips:

Speak up. Urge your senator, representative and state legislators to vote for programs that are good for children, such as child-care subsidies for low-income working families, pre-kindergarten programs, and school-based health centers. For more policy ideas, visit the National Center for Children in Poverty (nccp.org) and the Birth to Five Policy Alliance (birthtofivepolicy.org).

Take heart. Buy Valentine’s Day cards from Save the Children (available at savethechildren.org/valentines). Proceeds support Save the Children’s U.S. education programs.

Teach your children. Give them the opportunity to give back, like Moore does with her kids. One great option: Milk + Bookies (milkandbookies.org), a nonprofit organization that gets children involved in choosing and donating books to kids who don’t have them. Consider making the next birthday celebration a “Milk and Bookies” party—kids donate books instead of bringing presents.—GS



education, but it really depends on the tax bracket for the county you live in.”

After earning her bachelor of fine arts degree in acting from Boston University’s School of Performing Arts, Moore went on to get her big break in television with a dual role as Frannie Hughes and her “evil twin” Sabrina on the now-defunct soap opera *As the World Turns*. She then landed a series of supporting roles in feature films like *Benny & Joon*, *The Fugitive*, and *The Hand That Rocks the Cradle*. The late 1990s and early 2000s

Missing Mom

When an adult daughter loses her mother

For many women, the death of a mother is a unique and devastating loss they continue struggling with as the years go by. If you’re a “motherless mother” like Julianne Moore, how can you cope?

Take time to heal. Don’t put pressure on yourself to “get over it.” “The acute phase of grief may take from three to six months, but when a mother is lost, that grieving process can continue for years,” says Julia Kunkel, MD, a professor of psychiatry at Thomas Jefferson University in Philadelphia. That’s OK—as long as extended grieving isn’t keeping you from functioning in your life.

Set the date. Be especially gentle with yourself around birthdays, anniversaries, and holidays—times when the loss of Mom can be particularly acute.

Seek out role models. Reach out to female mentors—older women who can never replace mom but can provide some of the same life experience, support, and guidance. “Women seem to find ‘other mothers’ when they lose their own,” says Robert Hedaya, MD, a clinical professor of psychiatry at Georgetown University. “It might be at church, at work, or in a support group. You want someone who’s from a different generation, whom you respect and trust.”—GS



Moore with her family, husband Bart Freundlich, Caleb, 14, and Liv, 9.

were Moore’s breakout season, as she went from one Academy Award-nominated role to another: Cathy Whitaker in *Far From Heaven*, Amber Waves in *Boogie Nights*, Sarah Miles in *The End of the Affair*, and Laura Brown in *The Hours*. Along the way, she met Freundlich when he directed her in 1997’s *The Myth of Fingerprints*. She appears next as Sarah Palin in HBO’s *Game Change*, based on the book by the same name, in March.

But she never forgot what she’d learned as an “Army brat.” Years later, as charities came calling for a bit of her time, Moore elected to work with Save the Children on programs aimed at alleviating poverty among U.S. children.

“I have a friend who knew someone working with Save the Children, and he told me about all the places I could go and help in Asia and Africa. But I said my area of interest is the United States,” she says. “Part of the deal with being American is that we’re supposed to go out and help everybody in the rest of the world, but to do that we have to help the children here.”

That’s a lesson she’s always taught her own kids. When Liv was younger, her elementary school did their own card

campaign, donating the proceeds to buy toys for a nursery school wiped out in a tornado. “My daughter is a great bake sale person,” she says. “She’ll make cookies and sit on the stoop with a sign saying ‘Bake sale for Japan!’”

Healthy Self-Image

Maybe it’s because she’s maintained a red-head’s vigilance about the sun for most of her life, but Moore appears years younger than her age—her skin is beautiful (she’s famously sworn that she won’t use Botox or go under the knife). But she’s tired of talking about the looks aspect of turning 50.

“The beauty questions are sort of tedious,” she says. “It’s not about the outside. The thing about 50 is that you’ve clearly reached a point where you have more of your life behind you than ahead of you, and that’s a very different place to be in. You’re thinking, ‘I’ve done most of it.’ I don’t like that feeling. But it makes you evaluate your life and go, ‘Am I doing what I want to do? Am I spending my time the way I want?’”

One of the reasons Moore began writing the *Freckleface Strawberry* books in 2007—the latest one, *Best Friends Forever*, is the third in the

series—was to explore something new. Spun off into a popular kids’ musical, the series quickly became a modern classic, beloved by parents who want to guide their kids in navigating the trauma of being “different” and learn to help themselves.

“When I started working on the first book, my son Caleb was 7. That’s the age when they really start to notice things about themselves that are different,” Moore says. “He had new teeth coming in and he thought they were too big. But he was perfect! I began thinking about that, and remembered I had this awful nickname as a kid...and that’s where the idea for the book came from.”

Moore says she likes the children in her books to solve their own problems. “I don’t want the adults coming in and fixing things for them.” In the second book, *Freckleface Strawberry and the Dodgeball Bully*, the heroine is terrified of a bigger boy and the balls he hurls during that awful recess game. “So she pretends to be a monster. She’s very imaginative, and that’s where she feels her own power. And then she roars at the little boy, and he’s scared. He’s someone who’s good with physical things but not imaginary things.”

Moore confesses she still hates her freckles. “I really don’t like them at all,” she says. “My hair and my freckles are still the same, and I don’t like them, but they’re at the bottom of the list now even though when I was 7, they were at the top. I wanted to write a book that dealt with that—that the things that loom large in childhood and seem impossible when you’re little don’t necessarily go away, but you find other things that you care about more, like family.” (The final image in *Freckleface Strawberry* is a humorous, loving take on grown-up “Freckleface,” cuddling on the couch with her husband and studying her kids’ skin for freckles.)

A Daughter’s Loss

Always close to her family, Moore has turned to them even more since the sudden death of her mother, Anne Love Smith, in April 2009. “It was horrible, completely out of the blue,” Moore says. “She collapsed at work, went into the hospital, and died the next day. I’m still not over the shock of her being there one day and the next day gone. My dad called me that night at midnight, and she was fine at the hospital. The next morning she couldn’t get on the phone because she was short of

breath, but then later I was able to talk to her. She said, ‘Hi, Julie,’ and that was the last time I talked to her.”

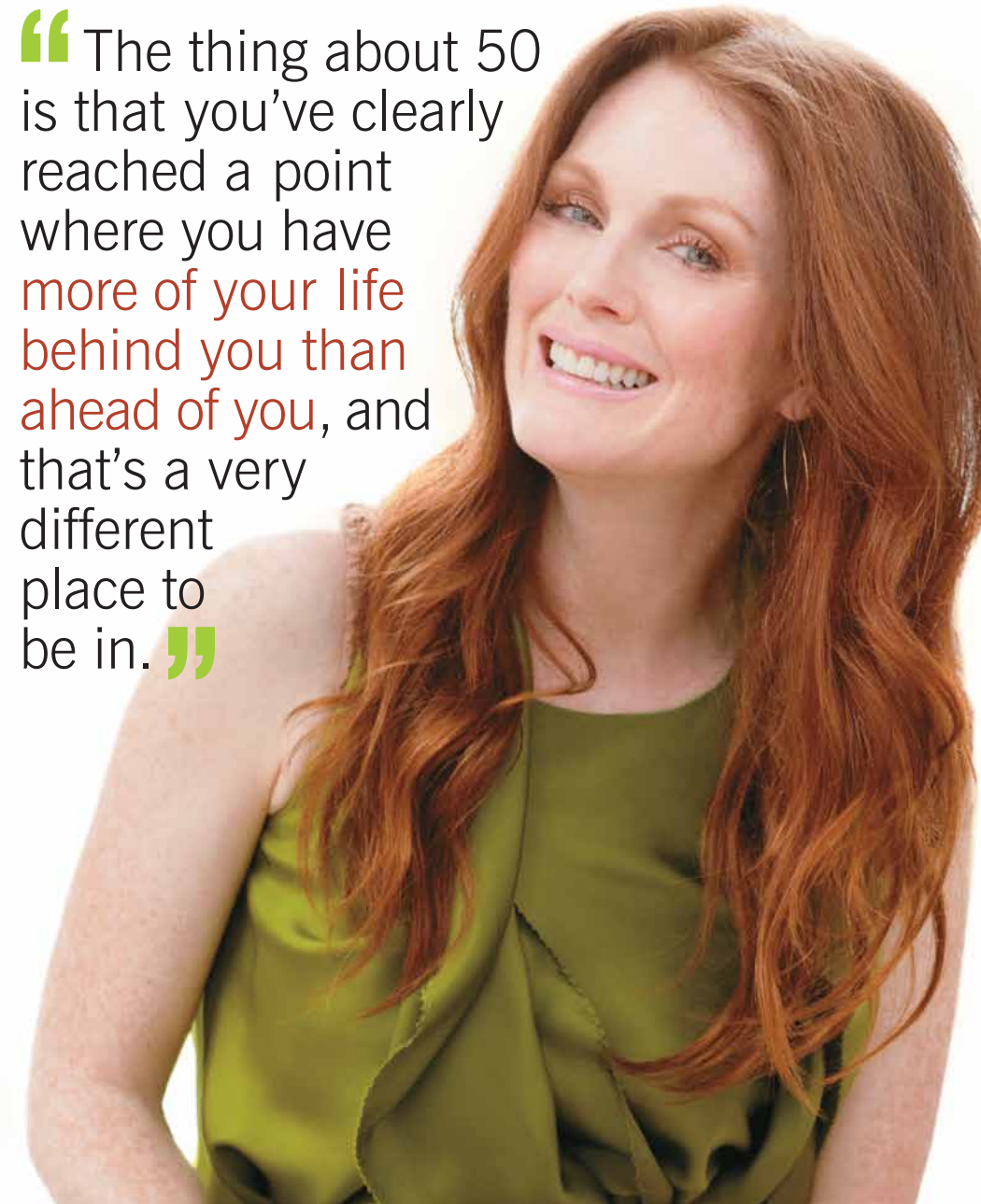
Moore was devastated. “I stopped sleeping. I didn’t sleep at all. I didn’t know what to do about it,” she says. Eventually, a combination of acupuncture, therapy, and yoga—accompanied by time spent with friends and some good wine—helped her through the loss. “When you go through big life stuff like that, you have to throw everything you can at it.” Ashtanga yoga is her favorite de-stressor. “It’s a place where I can be quiet in my head, but I also have to concentrate so hard, it’s like a form of meditation. If you let your mind wander, you fall over.”

Moore’s choice of several support sources was a wise approach, says Robert Hedaya, MD, a clinical professor of psychiatry at

Georgetown University in Washington, D.C. “The death of her mother is one of the most vulnerable times in a woman’s life. That’s the hardest time to take care of yourself, but it’s also the most important time. That means finding a support system and setting time aside for relationships that matter.”

For Moore, one of those relationships is with her younger sister, Valerie. Remember that crazy schedule Moore is juggling? She just learned she has to sandwich one more commitment in between wrapping up the film on Wednesday and starting her book tour on Monday: a lightning-fast jaunt to Paris with Valerie. “It’s not making any sense for me to go, I should really not go, but I feel like, Why not? You could be dead, so just do it. That’s my attitude now. Jam those things in. Just do it.” ■

“The thing about 50 is that you’ve clearly reached a point where you have more of your life behind you than ahead of you, and that’s a very different place to be in.”



TOP: BRYAN BEDDER/GETTY IMAGES; RIGHT: BRIAN BOWEN SMITH/AUGUST

We asked health experts to answer parents' top 10 questions about these sneezy, sniffly cold-weather maladies. What are your sick-kid smarts?

Cold & Flu 10

We catch more than a billion colds a year in the United States, according to the NIH, and kids are doing a lot of the coughing and sniffing.

Chances are your child will develop between eight and 12 colds every year during childhood, says Harley A. Rotbart, MD, pediatric infectious disease specialist at Children's Hospital Colorado and author of *Germ Proof Your Kids: The Complete Guide to Protecting (Without Overprotecting) Your Family From Infections*. "That's because there are lots of [cold] viruses out there, and kids' immune systems haven't seen them."

The flu (also known as influenza) is pretty rampant as well. Between 5% and 20% of Americans will get the flu this year, and 20,000 children under age 5 will be hospitalized because of complications like pneumonia. "Influenza can make children more susceptible to catching a secondary bacterial infection that leads to pneumonia," explains Michael J. Smith, MD, MSCE, assistant professor of pediatrics in the Pediatric Infectious Diseases Division at the University of Louisville School of Medicine.

What's a parent to do? We went to WebMD's online parenting communities and picked their top 10 questions about the cold and flu. Turn the page for our experts' answers.

By Christina Boufis, WebMD Contributing Writer

Reviewed by
Hansa Bhargava, MD
WebMD MEDICAL EDITOR



1 WHAT'S THE DIFFERENCE BETWEEN COLDS AND FLU?

"They're caused by different viruses," says Rotbart. More than 100 varieties of the rhinovirus and hundreds of other viruses produce upper respiratory infections—in other words, the common cold, says Smith. The flu, however, is caused by a much more limited number of influenza viruses. "They are tricky because they mutate every year," adds Rotbart. "That's why you need a flu shot every year."

In the early stages, flu symptoms are nearly identical to cold symptoms: runny nose, cough, congestion, and sore throat. The flu is "like a ramped-up version of a cold," says Rotbart. It comes on fast, and



a flu patient is more likely than someone with a cold to have fever, chills, muscle aches, and fatigue. Plus, the cold's upper respiratory symptoms are typically worse than those of the flu.

One way to tell if your child has a cold or the flu? "A head cold is something that kids deal with but still run on the playground, wiping their noses on their sleeves," says Rotbart. "The flu frequently knocks kids for a loop and makes them not want to play at all."

2 WILL THE FLU SHOT GIVE MY CHILD THE FLU?

"No. You cannot get the flu from the flu vaccine," says Smith. The injectable vaccine is made from inactivated or dead virus. The inhaled nasal spray flu vaccine is a live weakened virus that can reproduce itself in the nose and throat, but "it doesn't cause

the flu," says Smith. "It can give you a little bit of a runny nose and can lead to wheezing in some people who have asthma, so we usually don't give the nasal spray to adults or children with asthma." If you're between the ages of 2 and 49 and otherwise healthy, you can ask for the nasal flu vaccine instead of the shot, says Rotbart. This option might be more comfortable for your child.

3 DOES BEING OUT IN COLD WEATHER CAUSE COLDS?

"It's not totally a myth," says Rotbart. While catching a chill does not seem to increase your chance of getting a cold, extreme weather conditions may play a role. For example, researchers found that people who soaked their feet in near-freezing water for 20 minutes were more likely than others to catch a cold. But most research does not support the idea that being cold causes you to get sick. More influenza and cold viruses circulate during the winter months, "their preferred season," says Rotbart, which is a better reason so many of us catch a cold or the flu.

During the winter months, kids also tend to spend time indoors, where they are in close contact with others and can easily transmit germs and contaminate classroom surfaces.

4 IS IT TRUE YOU SHOULD STARVE A COLD AND FEED A FEVER?

"No. That's nonsense," says Rotbart. "There is no medical condition where starving anything is healthy for you. We encourage kids to eat and drink to the best of their

ability." Full meals aren't necessary if your child doesn't feel like eating. However, hydration is crucial. "Drinking water is mandatory," says Rotbart.

5 WHEN IS MY CHILD TOO SICK FOR SCHOOL?

Two issues are at work here, says Rotbart: "What's best for your child? And what's best for everybody else in school? My threshold for parents is if their kid has a fever of more than 100 degrees, he or she should not go to school." Most schools will not let kids with a fever attend, Smith adds.

Perhaps the most important reason to keep your child home is to help prevent colds and the flu from spreading. Children who have obvious cold symptoms—coughing, sneezing, dripping nose—should be kept at home for the benefit of the teachers and other children, says Rotbart. "Kids rarely fake this."

6 HOW LONG IS MY CHILD CONTAGIOUS?

After your child is exposed to the flu virus, it takes one to four days to develop symptoms, and no one knows exactly what the incubation period is, says Smith. That means your child can be contagious for a few days before showing any flu symptoms. With colds, kids are usually contagious two days before any signs, depending on the virus.

What about after a cold or flu? Children generally are not contagious after two to three days of cold symptoms and after four or five days with the flu, says Rotbart. "The general rule is when your child is feeling better, it's safe for others to be around them," he says. "There may

be a smidgen of virus hanging around, but when they're feeling better, they're not sneezing and coughing as much and are less likely to spread the virus."

7 WHEN SHOULD I TREAT MY CHILD'S FEVER? CAN I GIVE OVER-THE-COUNTER COLD MEDICINES?

"I don't think there's a magic number when it comes to fever temperatures," says Smith. "It depends on how your child is feeling. If your child complains of a headache, body aches, or sore throat, you can give acetaminophen or ibuprofen to help bring the fever down and make your child more comfortable."

You should never give aspirin to treat the flu (or a cold) in children. Aspirin can lead to Reye's syndrome (brain damage and liver failure), a condition linked to taking aspirin during an influenza infection and other viruses, such as chickenpox.

Also, never give children under 4 any cold or cough medicines, the FDA warns, because they may produce serious side effects. For older children, you can give these medicines occasionally, but many children's health experts feel there isn't enough proof they are effective for symptom relief.

8 WHAT ABOUT HOME REMEDIES? DO ANY WORK?

Yes, says Rotbart. "Honey is as good for

Chances are your child will develop between 8 and 12 colds every year during childhood.

a cough as any cough medicine. For kids older than 1 year, a teaspoon or tablespoon of honey is a safe and quite effective home remedy." Honey is not safe for children younger than a year because of the risk of botulism.

Homemade saline nose sprays can help with congestion and unblock stuffy noses. Breathing in steam—by standing in a steamed-up bathroom, for example—also helps relieve nasal congestion, Rotbart says.

Rotbart is a big fan of chicken soup as a home remedy for cold and flu symptoms. Not only is the soup hydrating, but the steam may help with congestion.

"It's never been shown in a controlled trial with real people," he says. "I can't say with honesty that there's science in humans to back it up. But as my grandmother would say, 'What could it hurt?'"

9 HOW LONG UNTIL MY CHILD FEELS BETTER?

"The typical cold will last about three to five days," says Smith, and your child will probably feel lousy for the first couple, then start to feel better.

"The influenza virus can really knock your kid out for a bit longer—usually at least five to seven days."

10 HOW CAN WE AVOID COLDS AND THE FLU ALTOGETHER?

Make sure your kids frequently wash their hands, says Smith. And if your child is the one who's sick, reminders to practice "good cough etiquette"—coughing or sneezing into an elbow or upper arm—can help reduce the spread of infection.

Getting adequate sleep and exercising help bolster immunity against cold viruses, says Rotbart.

Finally, "Everybody really should get a flu vaccine," says Smith. "It's what we call a universal recommendation. The CDC recommends everyone over 6 months be vaccinated. That's really the best way to prevent the flu." ■

TIME TO SEE YOUR PEDIATRICIAN?

The answer is yes if your kid has any of the following symptoms.

High fever. A fever of 101 degrees or higher lasting more than a couple of days warrants a call to the doctor. A baby younger than 6 months with a fever of 100.4 or higher should see a doctor. An unimmunized child who has a fever needs to be checked right away as well.

Breathing problems. Difficulty breathing or working hard to breathe—at any age, not just in childhood—is "a medical emergency more than anything else," says Michael J. Smith, MD. Call your doctor right away.

Dehydration. Inability to keep fluids down or infrequent urination could signal dehydration. Make sure your child is drinking water or juice mixed with water. Left untreated, severe dehydration can lead to shock.

Swallowing problems or wheezing (including stridor, a harsh, raspy sound when inhaling). Both are reasons to go to your doctor, says Smith.

Unusual behavior. If your child is acting differently than normal, pay attention. "Every child has their usual trajectory when they are sick," says Rotbart.

"Some kids are more feverish, and some are more coughing and sneezing kids. But when your child is not following the pattern that you're accustomed to, that's the time to go to the pediatrician."

The flu is caused by a much more limited number of influenza viruses, which "mutate every year. That's why you need a flu shot every year."



PREVIOUS PAGE: BLEND/GLOW IMAGES; LEFT: DARK MATTER PHOTOGRAPHY/GETTY IMAGES; JEFFREY COULDGETTY IMAGES; PETER CADEGETTY IMAGES



TAKE

TIRED OF MAKING RESOLUTIONS YOU CAN'T KEEP? BREAK THE PATTERN. THIS YEAR, DOWNSCALE YOUR EXPECTATIONS AND SUPERCHARGE THE RESULTS BY TAKING 5 EASY STEPS IN FOUR AREAS OF YOUR LIFE: BODY, FACE, MIND, AND OVERALL HEALTH.

January 1. Is there a more anything-is-possible date on the calendar? It's the day you say, "More salads, less ice cream" from now on. The day you vow to renew your gym membership and work out religiously. The day you promise to stop smoking (for good this time) and learn how to meditate, cook, floss properly, and love kale. And you mean it. You really do.

By Stephanie Watson, WebMD Contributing Writer

Illustrations by Martin Haake

Reviewed by
Laura J. Martin, MD
WebMD MEDICAL EDITOR





2,000, add another 2,000—and keep on walking.

Get a lift. While you brush your teeth, lift one leg. Count to 60. Repeat with the other leg. This little exercise not only improves your balance, essential for preventing falls as you age, but also ensures you brush for the two minutes your dentist recommends.

Ditch the chips. Every week, throw out one processed food—cookies, crackers, or potato chips—and replace it with an apple, red pepper, or other fruit or vegetable.

“Eating a colorful array of fruits and vegetables will lower your blood pressure and help you lose weight,” says Holly S. Andersen, MD, a cardiologist and associate professor of medicine at New York-

But somewhere between New Year’s Day and spring, those vows get broken. Family and work obligations take over, and it’s “Goodbye, resolutions” till next year.

This year, try a trick that may seem counterintuitive: Downsize your expectations. That’s right. Go for less and get more. You can’t rebuild your body or redesign your health in a single leap, but if you take enough baby steps, you can make big strides toward a healthier, happier new you.

These 20 supercharged tips—five each for body, face, mind, and overall health—will start you on the road to success this new year, for real this time.

TAKE 5 for Your Body

Step up. Health experts say 10,000 steps a day—roughly five miles—is the magic number for trimming fat and preventing type 2 diabetes. Don’t have time to walk that far? Adding just 2,000 steps a day can make a big difference, says Marie Savard, MD, women’s health expert and author of *Ask Dr. Marie: Straight Talk and Reassuring Answers to Your Most Private Questions*. Wear a pedometer while you take the stairs instead of the elevator, park a block or two farther from work, and fast-walk a few laps around the mall. Once you’ve hit

Cinch an inch. We’re all weight-obsessed, but good health is less about what you weigh than about how many inches you can tighten your belt. The fat that sits around your middle is the most dangerous kind. Experts say a waist size of 34.5 inches or less is the target for women, but taking off just an inch or two



can reduce your risk for diabetes, heart disease, and other health problems. To trim your waistline, eat less sugar and increase your physical activity, Andersen says.

Dish the fish. Put fish on the menu at least twice a week. “We know that people who eat several servings of fish each week live longer and have less heart disease than people who don’t,” says Andersen. Salmon, lake trout, tuna, and flounder strike a good balance between high omega-3 fatty acids and low mercury levels. (However, if you’re pregnant, limit fish and shellfish to 12 ounces total a week.) Avoid shark, swordfish, king mackerel, and tilefish, which contain high levels of mercury.

TAKE 5 for Your Face

Reach for retinol. Many products claim to tighten lines and wrinkles, but the closest thing to a cosmetic time machine is a retinol-based cream. Yes, it really works. “Most dermatologists agree that retinol is the best topical anti-aging product,” says Paul M. Friedman, MD, a Houston- and New York City-based dermatologist and co-author of *Beautiful Skin Revealed: The Ultimate Guide to Better Skin*. Not only will retinol (or Retin-A, its prescription name) smooth your skin, it will also diminish sunspots and acne.

SPF your skin. Before you coat your mouth in color, spread on an SPF 30 lip balm to protect your most kissable asset from sun damage. While you’re at it, don’t forget the rest of your face. Apply a sunscreen/moisturizer combo every morning to keep your skin hydrated and protected against skin cancer and premature aging. “It’s the most important thing you can do” for your skin, says Friedman.

Butt out. Not swayed to quit smoking by cancer and lung disease warnings? Maybe

the thought of a face full of wrinkles will finally convince you. Research confirms it—smoking prematurely ages your skin. Can’t quit on your own? Ask your doctor for help.

Wash the day away. Before you go to bed, wash off all the makeup, dirt, and other gunk that’s accumulated on your face throughout the day. Then top off your cleansing ritual with a light moisturizer that has fatty acids called ceramides. “A simple moisturizer is important to enable your skin to repair itself,” Friedman says.

Get naked. Find a mirror and do a skin check. Red-flag any spot that’s changed in color, size, or shape and let your dermatologist check it out. “Skin cancer caught in its early stages is almost completely curable, so it’s important to get your moles checked,” according to Friedman.

TAKE 5 for Your Mind

Rise and sing. Set your iPod or alarm clock to wake you with your favorite song so you start every morning humming a happy tune. Music is a great stress-buster, especially when you listen to songs you really like.



Be kind. Before you climb out of bed each morning, “Spend 20 seconds thinking of one nice thing you can do for yourself that day,” advises Alice Domar, PhD, executive director of the Domar Center for Mind/Body Health and co-author of *Live a Little*.

Promise to call your best friend, soak in a hot bath, or treat yourself to a skinny latte at your favorite café. Whatever you do, give back to yourself for at least a half hour each day.

Take a breather. When your job or kids are driving you crazy, go somewhere

Laughter is a powerful healer. It can soothe your mind and help heal your body.

quiet, close your eyes, and count backward from 10 to 0, taking one deep breath for each number. When you breathe deeply, your heart doesn’t have to work as hard and your mind is too focused to race, Domar says.

Phone a funny friend. Laughter is a powerful healer. It can soothe your mind and help heal your body. Cracking up with your BFF for just 15 minutes has the same kind of blood-vessel-relaxing and blood-pressure-lowering



benefits as 30 minutes of aerobics, Andersen says.

Strike a pose. Yoga is good for mind and body. It simultaneously stretches away stress and strengthens muscles. “Choose a yoga pose you like that feels comforting,” Domar suggests. Assume the tree pose for balance, or the downward-facing dog for a full-body stretch. Hold the pose for a few seconds, and feel stress drift away.

TAKE 5 for Your Health

Recruit a buddy. It’s harder to bail out on your diet and exercise plan when you’ve got a friend egging you on. Partnering will help both of you achieve your goals.

Catch a catnap. Can’t get your full seven to nine hours of sleep at night? Recharge with a catnap. Set your alarm for 20 to 30 minutes and enjoy some blissful midday slumber. Don’t hit the snooze button, though. Napping too long in the daytime can interrupt your nighttime sleep.

Revisit your doctor. If you haven’t seen your primary care doctor in a while, make an appointment. Discuss your weight, diet, and any problems you’re having, and ask what screenings—including blood pressure, cholesterol, and blood sugar—and vaccines you’ll need in the coming year.

Drink up. “Staying hydrated is important for your skin as well as for your overall health,” Friedman says. Every morning, fill a large bottle with 2.2 liters (about 9 cups) of water. By the end of the day, you should be seeing bottom.

Work out. A 30-minute workout each day will keep your body looking and feeling its best. And getting that exercise early in the day will help you sleep better at night. ■



SLEEP

QUIZ

COULD RLS BE KEEPING YOU UP?

In WebMD's sleep disorders community, [shastav](#) says she often feels as though a string is tugging on her legs as she falls asleep. **"Sometimes there is a burning sensation or it feels like someone is poking me with needle,"** she says, adding that she's starting to dread bedtime. She was diagnosed with restless leg syndrome (RLS). How much do you know about it?

- 1 Lying down and resting can help ease restless legs.
☐ True ☐ False
- 2 RLS may affect body parts other than the legs.
☐ True ☐ False
- 3 Drugs don't treat RLS very effectively.
☐ True ☐ False
- 4 RLS tends to last a lifetime.
☐ True ☐ False

Answers: 1. False. Sitting or lying down can trigger symptoms, such as burning or crawling sensations in the legs. 2. True. RLS usually causes discomfort in the lower legs, but you can also feel uncomfortable sensations in the thighs, feet, arms, and hands, though these areas are less common. 3. False. Doctors treat RLS with many drugs that affect the brain chemical dopamine, involved in body movement. The body's dopamine system may not function properly in people with the condition. Other drugs prescribed to relieve RLS symptoms include opioids, certain seizure medications, and tranquilizers, called benzodiazepines. 4. True. Usually RLS is a lifelong condition, but treatment can help control symptoms and increase restful sleep.

Source: National Institutes of Health and the [WebMD Sleep Disorders Health Center](#)

DID YOU KNOW?

Cutting down on **caffeine, tobacco, and alcohol** may ease RLS symptoms.



QUESTIONS FOR YOUR DOCTOR

- 1 What are the typical symptoms of RLS? How do I know if I have it?
- 2 Do I have an underlying condition, such as diabetes or iron deficiency, that may be contributing to my symptoms?
- 3 Would lifestyle changes provide relief? If so, what kind of changes should I make?
- 4 Do I need medication? How often and for how long will I need to take it?

SLEEP WELL NEWSLETTER

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MIND

QUIZ

WHAT IS BIPOLAR DISORDER?

About 2.6% of American adults have bipolar disorder, a type of mental illness marked by severe episodes of mania and depression. Since mood changes are a fact of life, what's normal and what's not it isn't always easy to tell. **"I have not been diagnosed with bipolar disorder but I've done literally all the research I can get my hands on,"** member [An_240908](#) wrote recently in WebMD's bipolar disorder community. **"I feel very not normal and it scares me because I want to know if I may have this disorder or another one."** What are the signs of bipolar disorder? Take this quiz to learn more.

- 1 I sometimes have very dramatic mood swings—lots of energy or feeling very happy, then hopeless and helpless—followed by a period of feeling normal.
☐ Yes ☐ No
- 2 I sometimes feel much more confident, talk more quickly, or am more outgoing than normal.
☐ Yes ☐ No
- 3 I worry my mood swings are so intense that they affect my work or my relationships.
☐ Yes ☐ No
- 4 I have had episodes of impulsiveness (like shopping sprees, reckless driving, etc.).
☐ Yes ☐ No

Answers: If you answered “yes” to these questions, see your doctor. Those with bipolar may have severe highs and lows, then weeks, months, or even years of near-normal life before the next episode. Untreated, these episodes tend to increase in frequency. Recognition and early treatment are important.

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

DID YOU KNOW?

Major life changes, certain medications, sleep deprivation, and recreational drug use can all trigger mania in people with bipolar disorder.



QUESTIONS FOR YOUR DOCTOR

- 1 Could I have bipolar disorder or some other type of mood disorder?
- 2 What are the treatments available to people who have bipolar disorder?
- 3 What other kinds of things can I do to minimize my symptoms?
- 4 Where can I find emotional support for my family and for me?

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QUANTUM HEALTH

ALLERGIES

QUIZ

CHECK YOUR TOP ALLERGY SYMPTOMS

Talk of allergies is common this time of year. But some people are surprised to discover they have them at all. **“I have never suffered from allergies,”** reader **gracefreedme** writes in WebMD’s allergies community. **“In the last two months I seem to be having some serious sneezing fits along with congestion and itchy, watery eyes. Can a person develop allergies later in life?”** Yes. Take this quiz to test your symptoms.

How long over the course of the year do you have:

Nasal congestion

- ☐ Never ☐ 1–2 weeks ☐ 2 months ☐ 6 months ☐ All year

Runny nose

- ☐ Never ☐ 1–2 weeks ☐ 2 months ☐ 6 months ☐ All year

Itchy eyes or nose

- ☐ Never ☐ 1–2 weeks ☐ 2 months ☐ 6 months ☐ All year

Red eyes

- ☐ Never ☐ 1–2 weeks ☐ 2 months ☐ 6 months ☐ All year

Sneezing

- ☐ Never ☐ 1–2 weeks ☐ 2 months ☐ 6 months ☐ All year

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

ALLERGIES NEWSLETTER

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allergy basics

WebMD SEARCH

Source: [WebMD Guide to Allergies Health Center](#)

HEART

QUIZ

ARE YOU UNDER PRESSURE?

About one in three American adults has high blood pressure (HBP, also called hypertension). Left untreated, HBP puts you at greater risk for stroke, heart disease, kidney failure, and eye problems. Unfortunately, HBP can develop without warning. **“When I check my BP, it’s sometimes as high as 190/130 but I feel nothing, no headache, no neck or back pain,”** reader **shajed** recently posted in WebMD’s hypertension community. **“What’s happened to me?”** Would you know? Take our quiz to learn more.

- 1** A healthy blood pressure for an adult is 140/90.
☐ True ☐ False
- 2** You have HBP if you have these symptoms: blurry vision, chest pains, or headache.
☐ True ☐ False
- 3** Cutting back on salty snacks and foods is all you need to do to lower HBP.
☐ True ☐ False
- 4** The only way to know if you have HBP is to have your blood pressure checked.
☐ True ☐ False

Answers: **1.** False. A normal blood pressure for an adult is systolic (top number) less than 120 mmHg and diastolic (lower number) less than 80 mmHg. An adult with a systolic blood pressure of 140 mmHg or higher or a diastolic blood pressure of 90 mmHg or higher on at least two separate occasions has HBP and may need lifestyle changes and other treatment.

2. False. HBP does not cause symptoms unless it is very high. In fact, nearly one-third of people who have HBP don’t know it. **3.** False. While reducing sodium can help, other lifestyle changes are usually necessary, such as losing weight, stopping smoking, eating healthy foods, and getting enough exercise. **4.** True. Be sure to get your blood pressure checked regularly, especially if you have a close relative who has HBP.

Source: American Heart Association and the [WebMD Hypertension Health Center](#) and the [WebMD Heart Health Center](#)

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high blood pressure

WebMD SEARCH

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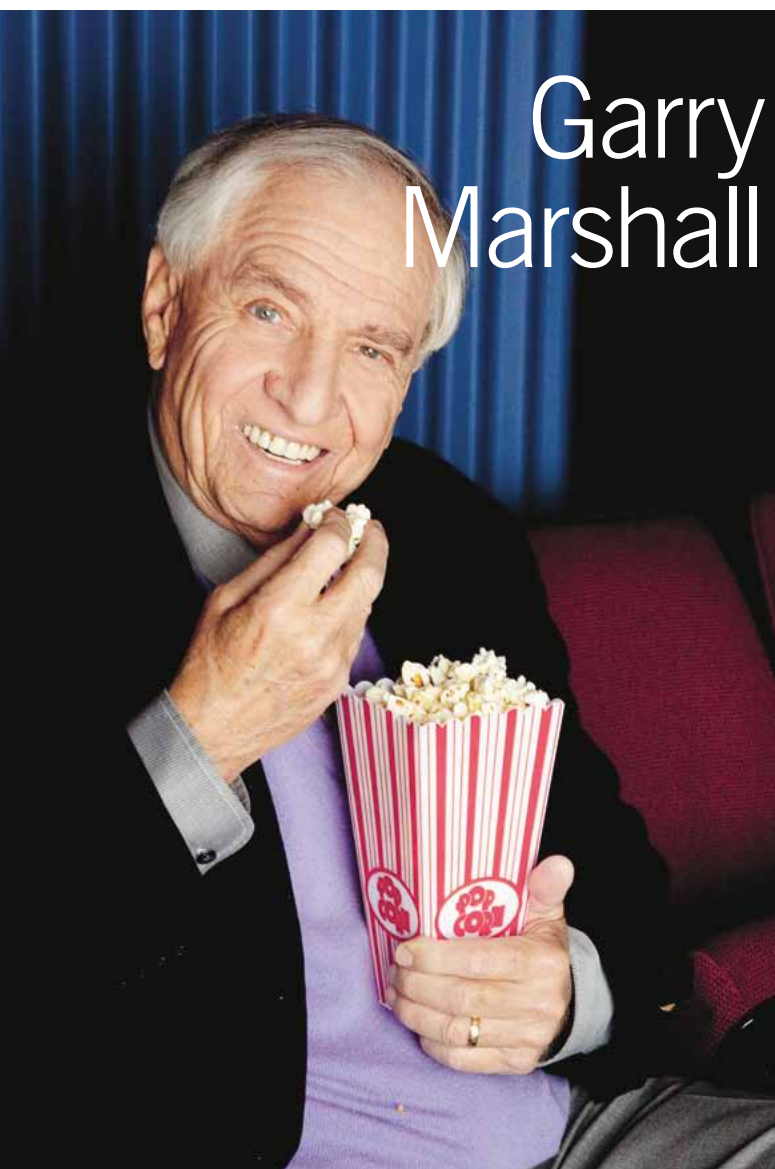
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Garry Marshall

DIRECTOR

The Apartment. I always try to make work that lasts, that you'll want to watch more than once.

What New Year's health resolutions do you make every year?

When you get to my age, you get whacked. Things happen with your health, but it has all worked out for me. My sister Penny and I—despite what the gossip says about her—we take care of ourselves. We just try to stay healthy and to be with happy people.

What starring role does your family play in your health?

I've been married to Barbara for 48 years. She's a nurse, and I listen to what she tells me. I also chase six grandchildren—two 16-year-old twins, and kids ages 8, 6, 4, and 3.

During long shooting days, how do you make time for physical activity?

No matter where we go, we climb up steps to get to the set, back and forth. I don't take many elevators.

How do you eat healthy at work?

My assistants work with me to get good food. Sometimes if I get too crazy and grab a candy bar, they take it away and hide it. Then, I'm a prisoner on the set!

What about your home cooking?

I don't cook: I washed dishes and cooked in college to pay my way through Northwestern University, and I said, "I'm never doing that again." Barbara cooks some, and she knows I love salad, tuna fish, pasta, hamburgers, nothing too exotic—oh, and frozen yogurt.

What was the first health condition that altered your daily living? How did it change your approach to health?

When I was a very young, sickly kid, I tested allergic to 103 things. I outgrew [most of those allergies. Today] I skip gravies and sauces and eat a mostly bland diet.

How do you chill out?

I'm big on naps. They're scheduled for me, one-half hour daily, as "Garry's private time." My father, who lived to 92, took lots of naps and drank some vodka—I don't do too much of that.

You're 77. How's your health now?

I'm pretty healthy, having beaten throat cancer and prostate cancer. The cures weren't fun, but I got through it. I feel very blessed and I get checked regularly.—Stephanie Stephens

For your newest film, *New Year's Eve*, you just directed an ensemble cast of actors including Sarah Jessica Parker, Robert De Niro, and Ashton Kutcher. How did you keep track of everybody? Sometimes, I couldn't figure out where they all were! Seriously, though, it was a lot of stars who were never all together but were shooting different days, different locations.

You've directed such popular films as *Pretty Woman*, *The Princess Diaries*, and *Valentine's Day*, last year's "prequel" to *New Year's Eve*. What's to love about this latest movie that, to quote from the film's website, "celebrates love, hope, forgiveness, second chances, and fresh starts"?

It's about decisions and what to do with your life. I like to do love stories, and this was a chance to do romantic comedy with intertwining stories. It's a kind of raucous, partying love letter to New York City that was influenced by Billy Wilder's [1960] film,