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Sensory processing disorder: Is it a new childhood crisis or just the latest label for children, especially boys, who seem more active and distracted than others? WebMD contributing writer Gina Shaw explores the rise of behavioral and developmental disorders among children in the United States.

Parenting Oh, Boy

Cover story Get Closer

Actor Kyra Sedgwick might be best known for her award-winning role in TNT’s The Closer and her longtime marriage to actor Kevin Bacon, but Hollywood is just one slice of life for this leading lady. Sedgwick tells WebMD contributing writer Gina Shaw why her marriage has lasted so long, how she’s adjusting to her newly empty nest, what it was like being a working mom, and the impact her parents’ divorce had on her own marriage. PLUS: Sedgwick shares her secrets to looking younger than her age.

Hepatitis In the Shadows

The majority of people with hepatitis C don’t even know they have it.

Spotlight

WebMD Pets

Flap Back Cover!

How to find the right kennel

TV host Maria Menounos’ four dogs provide the entertainment in her life

Is your cat’s grooming excessive? Know the signs

Pick the best breed for your family

NEW!

The app that keeps everything in one place. Except for dinner.

Baby

WebMD

It does more than keep your family informed. It keeps you informed. To keep your baby healthy.

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Actor and comedian Joel McHale isn’t always in funny mode. He reveals how he balances his family, health, and career.
Is there anything more delicious than a summer day? That lazy, do-nothing feel, ripe peaches and fresh corn, tall glasses of iced tea, getting out into the woods or onto a beach with your family, dunking your feet in cool, clear water.

Well, I hope you do enjoy such pleasures, maybe on a hard-earned vacation this month or next. But I don’t have to tell you that in these hyper-speed times, summer doesn’t really let up on life all that much—you still have work, errands, meal-planning, kids’ activities, and chores to juggle, just like always. For parents especially, summer brings its own brand of hectic, and the slide into back-to-school mode gathers steam fast.

If it’s any consolation, here at WebMD the Magazine we’re spending our summer working even harder, reimagining and refreshing the design, layout, sections, and overall look and feel of the magazine for the first time since we launched the publication seven—seven—years ago in May 2005.

“Refreshes” (or redesigns) are a big deal in the life of a magazine, a very conscious turn of the page to a new chapter. In our case, that embraces the profound changes in media since 2005. Not as many people had smartphones and of course no one had even heard of a tablet, much less owned one. Social media was more of a novelty than the ubiquitous presence in daily life it is today. And the magazine has long since grown beyond the print copy in your doctor’s office. You can find each entire issue in digital form on webmd.com and as an interactive app on the iPad.

So with the September issue, you’ll see a modernized, more engaging magazine, one that draws you in and invites you to stay (we hope), one that is even more relevant to your busy life. Because the one thing that isn’t there anymore is the magazine that was in your doctor’s office. It’s new and modern. It’s vibrant and fresh. And it has the same core values that have been at the heart of WebMD for years: high-quality, authoritative health content that empowers you to take control of your health.

Really, we couldn’t be more excited about the possibilities, and I hope I’ve whet your appetite for the September 2012 issue! Meanwhile, here’s to your own refresh this summer, with days that are busy, yes, but also as fun, rewarding, and memorable as summer is meant to be. We both have an exciting fall to look forward to.

Enjoy,

Colleen Parity
Executive Editor, WebMD the Magazine
4 ways to keep your cool this summer

**WATER WORKS**
When you’re working out in the great outdoors, how much H₂O do you need? “You’ve got to drink up just to be able to replace the fluids that are lost each day,” says Pamela Preke, MD WebMD fitness expert. The CDC recommends 16 to 32 ounces per hour when you do heavy exercise in hot weather. For more than an hour at a higher intensity (think long-distance running or weight lifting), Preke suggests reaching for a sports drink to replenish the minerals and sodium your body needs—just don’t overdo it (see page 7).

**RED ALERT**
Did you get a sunburn despite your best precautionary efforts? WebMD skin care expert Moliba Tareen, MD, offers three steps for relief: Get out of the sun as soon as possible, take an anti-inflammatory such as ibuprofen, and drink water to help your skin’s cells renew. “A lot of people forget to hydrate,” Tareen says. To reduce pain and itching, use lotions with soothing or cooling agents such as camphor and menthol (Tareen likes Sarna Sensitive lotion, $10.49, or Eucerin Calming Crème, $7.99). Or, she says, make a paste with baking soda and water and apply directly to the burn.

**POOL CUES**
Do cannonballs and contact lenses mix? “Swimming with your lenses is a definite no-no,” says WebMD eye health expert Alan Kowarsky, MD. “The water you’re swimming in is, at best, chlorinated and not healthy for your eyes.” But even if you wear goggles, swimming in the pool can sneak in, so Kowarsky recommends taking contacts out before getting into the pool.

**eye smarts**
into the pool. Water can sneak in, so Kowarsky recom-
People who live in the most polluted U.S. cities are breathing cleaner air than they have in more than a decade, according to a report from the American Lung Association. Still, more than 127 million people live in places with unhealthy air, the group says.

The group’s annual State of the Air report ranks cities on ozone pollution as well as long-term and short-term particle pollution. Los Angeles remained the city with the worst ozone levels but is no longer leading for particle pollution (considered the most dangerous common type). On the list for worst year-round particle pollution were Bakersfield-Delano, Calif., and four other areas in the state: Hartford-Corcoran, Los Angeles-Long Beach-Riverside, Visalia-Porterville, and Fresno-Madera.

Santa Fe, N.M., topped the list of cities with the cleanest air, followed by Cheyenne, Wyo., and Prescott and Tucson, Ariz.

The ALA report credits the federal Clean Air Act for cleaning up coal-fired power plants and reducing emissions from diesel-engine vehicles and SUVs.

Source: State of the Air 2012

Multitasking may make us less productive, but we do it anyway—both out of habit and because it makes us feel good, a study reports.

Researchers from Ohio State University gave 19 college students a cellphone-like device to report all their activities, three times a day, for four weeks. The students rated what needs the activities met, and what motivated them to do each activity.

The findings show that multitasking satisfied emotional needs for the students, even if learning and thinking skills were reduced. For example, if a student reads a chapter in a biology textbook while catching an episode of Glee, multitasking gives him an emotional boost even if he doesn’t get as much out of the reading assignment.

“They are not being more productive—they just feel more emotionally satisfied from their work,” says researcher Zheng Wang, PhD, an assistant professor of communication at Ohio State. In other words, multitasking made a dull but necessary task seem fun, less stressful, and more doable.

Media multitasking also appeared to be a habit for many students, the study finds.

Source: Journal of Communication

Losing a little weight and adding just 25 minutes of daily exercise can help people with type 2 diabetes hold on to their mobility as they age, a study shows.

That’s important because people with diabetes are twice as likely to have mobility problems as others the same age, says researcher W. Jack Rejeski, PhD, professor of health and exercise science at Wake Forest University in Winston-Salem, N.C.

They may struggle to climb stairs or have trouble pushing a vacuum.

The study looked at about 5,000 people ages 45 to 74 with type 2 diabetes. Some were assigned to a program aimed at helping them lose weight by cutting calories and doing moderate exercise for 25 minutes a day. Others went to diabetes education and support classes.

After four years, people in the diet and exercise group had lost, on average, about 6% of body weight. (For someone who weighs 230 pounds, that’s 15 pounds.) For every 1% weight reduction, researchers calculated people cut their loss-of-mobility risk by more than 7%. For every 1% improvement in fitness, the risk dropped by almost 1.5%.

Source: New England Journal of Medicine
Killer Commute

People with long commutes have more to worry about than traffic. Those who drive more than 15 miles to work are more likely to be obese and carry fat around the belly—especially bad for the heart—and less likely to get enough exercise, compared with other commuters, a study shows. Workers who drove more than 10 miles each day also may be more likely to have high blood pressure.

The study included 4,297 adults who drove to work in two Texas cities. Each took a treadmill test and was asked how much exercise he or she did each week. Researchers also checked indicators for heart disease and diabetes, including blood sugar levels, cholesterol, belly fat, and body mass index.

While the study doesn’t prove commutes cause those problems, Suzanne Steinbaum, DO, a preventive cardiologist at Lenox Hill Hospital in New York City, says people with long commutes need to offset the sedentary time spent in a car: “Forget the elevator. Take the stairs. Put on a pedometer. Do everything in your power to eat well and exercise,” she says.

Source: Pediatrics

DANGER GAMES

It’s called Knock Out, Flatlining, and the Choking Game. By any name, the game can be deadly. Players apply pressure to the main artery in their neck with a belt, towel, or rope to limit oxygen and blood flow to the brain. They get a “high” when they release the pressure and oxygen rushes back in.

In a survey of nearly 5,400 Oregon eighth-graders, 6% said they’d tried the game (which is consistent with studies in other locales). Of those who reported participating, 64% said they’d done it more than once, and almost 27% said they’d done it more than five times.

From 1995 to 2007, the deaths of 82 children ages 6 to 19 were attributed to the game, the CDC says. But because that includes only deaths covered by the media, researchers say the real number is likely higher.

Talk to your kids about the game and listen to their responses, says researcher Robert Nystrom of the Oregon Public Health Division. Also, watch for warning signs, such as marks on the neck, or ropes and the like tied on doorknobs.

Source: Pediatrics

WEIGHT LIFTERS

Here’s what doesn’t work well if you want to lose weight: “diet” foods, over-the-counter weight-loss supplements, and liquid or fast diets. So what does work? Eating less fat, exercising more, joining a weight-loss program, and asking your doctor about prescription weight-loss pills.

This wisdom comes from a study that looked at more than 4,000 obese people who took part in the National Health and Nutrition Examination Survey. Some 63% said they had tried to lose weight, 48% said they lost 5% or more of their body weight, and 28% said they lost 10% or more.

Several trends emerged among the biggest losers: Those who exercised more and ate less fat lost more weight. Those who joined weight-loss programs like Weight Watchers or Jenny Craig were more likely to lose 10% or more of body weight. Prescription diet medications were also linked to weight loss, but only a few people in the study used them.

Source: American Journal of Preventive Medicine

1 in 3 The number of teens who don’t eat vegetables more than once a day

Source: CDC
Contact dermatitis occurs when the skin (most often on the hands) comes in contact with something that causes either irritation or an allergic reaction. "Irritant" contact dermatitis is more common; exposure to a variety of materials is often the culprit, including acids, alkaline materials (such as soaps and detergents), solvents, rubber gloves, cement, hair dyes, pesticides, and various chemicals. It typically looks like a burn or red, rough skin, and may be itchy. "Allergic" contact dermatitis can show up immediately or months after exposure to things like adhesives, topical antibiotics, fabrics, fragrances, hair dyes, nickel, poisonous plants, and latex gloves. It may be a streaky, scaly, or patchy rash.

Treatment for both types includes avoiding the irritant or allergen in question, then moisturizers to keep the skin moist (which cuts down on inflammation), and anti-itch, corticosteroid, or immune-suppressive skin creams.
Singer Gavin DeGraw works to fight malaria

Singer/songwriter Gavin DeGraw, 35, has been atop the pop music world since his 2003 album Chariot went platinum. But three years ago, that world started to seem too small for him. “There’s a time, when you’re pop-cultural oriented, that you think, ‘I need to do something more important than this,’” DeGraw says. One of the world’s worst plagues caught his attention: malaria.

Malaria is both preventable and curable. Yet it kills some 650,000 people a year, most of them children who have not yet developed enough immunity to the disease. Every minute of every day, an African child dies of malaria.

DeGraw says he “asked around” about malaria-related efforts and learned about a global grassroots campaign called Nothing But Nets (NBNN, nothingbutnets.net). Created by the United Nations Foundation in 2006, the group gives away insecticide-coated bed nets to protect children from the nighttime-biting mosquitoes that spread malaria parasites. “One net costs about 10 bucks. Four kids can sleep under the net, and they are pretty much safe,” DeGraw says.

But DeGraw did more than buy a few nets. He joined an NBNN/U.N. mission that traveled to refugee camps in Uganda, where he helped distribute the nets to ramshackle camps housing more than 630,000 displaced people. “As a musician on the road, you think you see a lot,” he says. “But when you see people living in huts made of leftover scraps of wood and old license plates, it reminds you that you ain’t seen nothin’ yet.”

DeGraw’s malaria-awareness work has changed his music. “It finds its way into the songwriting,” he says. “There is the sensibility of having had this rude awakening to a whole other level of suffering.” That may be why some critics are finding more texture and grit in DeGraw’s new album, Sweeter, than in his previous work.

He recently raised $5,000 for the charity through a project with Billboard Magazine, which in turn bought 500 bed nets.—Daniel J. DeNoon

Q If I’m traveling cross-country this summer and anticipating long hours in the car, what can I do to stay safe and sane?

A Driving long distance presents all sorts of potential hazards. The trick? Plan your trip carefully—where and when you’ll go, and how you’ll take care of yourself on the road. Don’t get drowsy. A 2010 study by the AAA Foundation for Traffic Safety found that 16.5% of all fatal car accidents are caused by driver drowsiness. Get enough shut-eye before and during your trip. Watch for warning signs while you’re driving; yawning repeatedly, having difficulty keeping your eyes open, or not being able to remember the past few miles. Find a safe place to take a nap if needed.

Back up your spine. To prevent lower-back pain on the road, use a lumbar support pillow. Make sure you’re not sitting too far away from the pedals and steering wheel. Take lots of breaks. Make sure to get up and walk around at least every hour, or at least every hour and a half. Take care of yourself on the road. To prevent lower-back pain on the road, use a lumbar support pillow.

On the Road
What to keep on hand for your summer travels

Q I worry that my car will break down somewhere when I’m alone or with my kids. What emergency supplies should I keep in my vehicle?

A Whether it’s a blown tire, a broken-down engine, or a case of being just plain lost, having an emergency kit can reduce stress, keep you safe, and get you back on the road faster. Here’s what to bring:

**Cellphone and charger** Being able to call for help can make the difference between life and death. Make sure your phone is charged at all times.

**Basic supplies** Pack a quart of water per person, plus energy bars and trail mix, which provide protein and carbs. Have at least one blanket in the car, too, in case you get stuck at night.

**Baby supplies** Extra formula, bottles, and diapers are crucial if you have an infant in the car. So is a spare set of clothes.

**Car tools** Every car should have a tire gauge, spare tire (with lug wrench and jack), jumper cables, and flares (make sure you know how to use them). Add a flashlight so you can see what you’re doing at night, plus gloves to protect your hands.

**First-aid kit** A basic kit will give you what you need to patch up wounds, wrap a sprain, or treat a headache. 

Hansa Bhardwaj, MD
WebMD CHILDREN’S HEALTH EXPERT

Q I read that driving while talking on a cellphone is as bad as driving drunk. Is that true?

A Many people can’t imagine not chatting on the phone while driving. But the stories you’ve heard are TRUE. Cellphone use impairs driving just as much as alcohol.

That’s just one of the conclusions by David Strayer, a professor of psychology at the University of Utah, who has published a series of articles that show driving while talking on a cellphone—hands-free or not—is the same as driving with a blood alcohol level of .08, the legal limit.

In one study he found that talking to a passenger improved driving; because “there is another set of eyes on the road, a person who knows to be quiet if the driving gets difficult.”

In his most recent research, Strayer found that a conversation that triggers mental imagery—a description of a vacation, for instance—is most disruptive. “Driving and mental imagery both use the same part of the brain,” Strayer says. “So the imagery will block out the driving environment.

People literally won’t see what they’re looking at.”

**SNEAK PEEKE**

Ever wonder why you overeat or obsess about certain foods? I mean really understand the biology behind the midnight refrigerator raids and the super-sized snack attacks? The reason appears to go all the way back to when the human body developed a built-in reward system driven largely by a chemical called dopamine. Our pleasure-seeking brains propelled us to reproduce, create, innovate, and yes, eat. But certain facets of modern living have hijacked this system to get us to consume more and more,” writes Pam Peeke, MD, MPH, FAOP, in her new book (out in September) The Hunger Fix: The Three-Stage Detox and Recovery Plan for Overeating and Food Addiction.

Pam Peeke, assistant clinical professor of medicine at the University of Maryland, and WebMD’s “Everyday Fitness” blogger, harnesses new neurochemistry research that reveals the inner workings of this reward system. She shows you how to kick unhealthy food habits to the curb by “rewiring” your brain so that dopamine-bliss is used for “good rather than evil.” “False Fixes” (like that afternoon candy bar) become “Healthy Fixes” (good-for-you foods, yes, but also activities like dancing). Your innate reward system wins, your health wins. “We will be looking for our fixes for the rest of our lives,” Peeke writes, “but we have the ability to choose which fixes.”—Colleen Parity

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oral history

In ancient times, toothpaste was made from ingredients such as crushed eggshells and powdered pumice or ash.

It Takes Tube

The first commercial toothpaste, in the 19th century, was sold in jars. In the 1890s, Colgate introduced toothpaste in a tube.

Go With the Flu

Fluoride, which strengthens tooth enamel and helps reduce tooth decay, didn’t become a popular addition to toothpaste until the 1950s.

Plaque Attack

Toothpaste’s primary purpose is to help remove plaque buildup on teeth.

let there be white

The abrasive particles in whitening toothpastes are bigger than those in regular toothpastes, so surface stains are removed more effectively. Some whitening toothpastes also contain a small amount of peroxide.

Dental Dollars

Toothpaste sales are expected to reach $12.6 billion by 2015 (up from about $7 billion in 2007).

New Wave

The wavy layer of toothpaste that sits on the head of a toothbrush is called a “nurdle.” —Chloe Thompson

On the Run

By Catherine Grunden
WebMD.com community member

I’VE BEEN HEAVY my entire life. Even in my kindergarten photos, I was chubby. In late high school, I gained more weight. In college, I reached 260 pounds—I think because I was on my own. I had a driver’s license, a job. I could go out to dinner, eat when I wanted. Nobody was watching over me.

Being heavy didn’t make me feel bad, though. I was pretty confident. I didn’t realize I was as big as I was until I started looking at old photos a few months ago. It was pretty shocking. About three and a half years ago, I lost 40 pounds. Then I got pregnant with my first child. I lost that pregnancy weight, then got pregnant again. After my second baby was born, I lost all but 10 pounds of that extra weight, so I weighed 230 pounds.

Two things pushed me to start seriously losing weight. First, I was done having kids, so I knew my body wouldn’t be going through any more major changes. And second, my father had a heart attack at age 54, as had my grandfather. I knew I needed to take better care of myself.

My first step was to start the Couch to 5K program (www.c25k.com), which helps sedentary people work up to running a 5K race in just nine weeks. I always thought runners were so cool, but to be one seemed like an impossible goal. A friend and I decided to try it together.

I had to start inside on a treadmill because I was too embarrassed to be outside. I cried that first day because I could only run for three one-minute periods—and you’re supposed to do it eight times. Eventually I worked through it, and we ran a 5K last October. Now I can run for more than an hour at a time. I’m hoping to train for a 10K soon, maybe even a half marathon some day.

Of course, diet is important, too. In the beginning, I didn’t change what I was eating. I just changed how much I was eating. I didn’t want to give up bad stuff. Then I got tired of being hungry all the time so I started making healthier choices. I started cooking more, rather than ordering in. I also learned about portion sizes and calories.

I have four children: a 16-year-old stepdaughter, a 10-year-old stepson, plus two sons, 3 and 1. I operate a day care in my home, and I sell shirts for little boys on the side. Running is my alone time. I’m outside. I’m getting fresh air. I’m not getting interrupted. I use it for my prayer time.

Right now I weigh 159 pounds, so I’ve lost 71 pounds since I set my mind to losing weight. A lot of people ask, “What’s your secret?” like there’s a pill or a program or a trick of some kind. But the truth is I did it on my own, with a lot of hard work and some online fitness tools. I know I’ve been good to myself, and I’m being a good role model to my children. That’s what counts.

Plaque Attack

Toothpaste’s primary purpose is to help remove plaque buildup on teeth.
Glow Getters

Skip the streaks with sunless tanning product picks and foolproof application tips

Smooth Move
Olay Skin Smoothing Cream Scrub gently smooths and preps skin.

Strike Gold
Fast-track a sunless tan with Jergens Natural Glow Express Body Moisturizer.

Soft Sell
Smooth skin and boost moisture with PCA Skin Body Therapy.

Mint Condition
Kiss dead skin goodbye with Kiss My Face So Refined Jojoba & Mint Facial Scrub.

In addition to exfoliating your skin to even out the surface, my best advice is to use your hand to really blend the product in. Even distribution is key. Then moisturize, which keeps the cells that trap the self-tanner solution on the skin longer, making your faux tan last. Incidentally, it’s not a good idea to put moisturizer on right before you self-tan, because then the formula can’t stick to the skin cells. The exception to this is to apply a tiny bit first to knees, elbows, ankles, and feet to help the self-tanner go on evenly.

I am a fan of Neutrogena Micro-Mist Airbrush Sunless Tan ($10.99), which provides just a hint of color with each application. If you’re prone to dryness before or after self-tanning, try Aveva Moisturizing Self-Tanning Lotion ($22), infused with thermal spring water, to soften and hydrate skin.

When I self-tan, I start by gently scrubbing my skin with a loofah or mesh sponge ($2 to $4) in the shower to remove dead skin cells so the tanner goes on more evenly and lasts longer. Then you should dry the skin thoroughly, apply self-tanner from head to toe, and rub it in well, avoiding heels and knuckles (where the skin is thick and will absorb too much of the self-tanner).

Smooth an extra layer of tanner onto your face. Since skin is thinner on the face, it often takes more product to get a head-to-toe match. Wash your hands afterward, because then the formula can’t stick to the skin cells. The exception to this is to apply a little bit first to knees, elbows, ankles, and feet to help the self-tanner go on evenly.

To avoid a “blotched job,” exfoliate the areas you’re going to tan before applying self-tanner. My preference for face and body is a scrub with particles that are perfectly round so they glide over the skin, removing cell debris without irritation. Try Olay Skin Smoothing Cream Scrub ($6.99) or Kiss My Face So Refined Jojoba & Mint Facial Scrub ($15), a skin polisher with gentle jojoba beads. After you exfoliate, mix your self-tanner product—I like Jergens Natural Glow Express Body Moisturizer ($8.99) for a gradual, even tan with Moisturizing Self-Tanning Lotion ($22), infused with thermal spring water, to provide just a hint of color with each application. But do not apply this product after applying sunscreen because then the formula can’t stick to the skin cells. The exception to this is to apply a little bit first to knees, elbows, ankles, and feet to help the self-tanner go on evenly.

I usually recommend self-tanning at night, so you can wake up, shower, and slap on your daily body moisturizer. Most self-tanners don’t protect you from UV rays, so you should apply a lotion with an SPF of at least 30 before heading outdoors.—Ayren Jackson-Cannady, DC, a clinical instructor of dermatology, San Francisco city college.

DO avoid oil-based lotions and makeup before sunless tanning. These prevent even application and can be hard to rinse off.

DON’T go overboard. If you start with a lighter tone, you can always build up to a darker shade—but you can’t go the other way! DON’T self-tan for the first time before a big event. Plan ahead, and build up a tan in the weeks prior. This results in a less drastic, more even glow. It will also ensure your color isn’t streaky or blotchy for the event, as you’ll have time to fix any imperfections yourself or get a pro to even things out.

DO use sunless tanner sparingly around rough, dry areas such as knees, elbows, and ankles, which tend to darken more quickly.

DO avoid oil-based lotions and makeup before sunless tanning. These prevent even application and can be hard to rinse off.

This results in a less drastic, more even glow. It will also ensure your color isn’t streaky or blotchy for the event, as you’ll have time to fix any imperfections yourself or get a pro to even things out.
Happy Feet
Looking for a great exercise? Walking is one of the easiest and most effective ways to get fit.

Walking while listening to podcasts and audiobooks makes it easy for Janet Zinn to stick to her daily exercise program. “I walk at least three miles, sometimes six or 10,” says Zinn, 52, a psychotherapist in New York City.

After one year of walking regularly, Zinn dropped more than 60 pounds. She has kept the weight off for a year and continues with her main form of exercise.

Walking requires no equipment aside from a supportive pair of walking shoes. “Exercise doesn’t have to be hard to be effective,” says Julia Valentour, who owns a weight and fitness training business in New York City.

Valentour has had to be creative to make time for her exercise routine, which she did while raising her daughter, now 18. “Getting exercise as a mom can be challenging. I had to break up my recommended 30 minutes [five days a week] can be broken up into two 15-minute sessions or even three 10-minute sessions, making it easy to weave walking into a busy lifestyle.”

Walking helps keep your walks interesting and help you stay motivated. “Just add music to the mix. It’s motivational, and improves circulation. Here are simple ways to keep you motivated.”

1. Change the surface. “Walking on trails and meandering around rocks increases muscular demand,” Valentour says. Snow, sand, and even grass make walking more of a challenge.

2. Use Nordic poles. Walking poles get upper body muscles involved. “You increase the cardio work-out when using poles, plus they take the stress off of knees when walking downhill,” Valentour says.

3. Add resistance. Throw on a weighted backpack or weight vest.

4. Find support online. Programs such as the American Heart Association’s StartWalkingNow.org have helped thousands of people get started walking. Designed by ACE, the free online program includes a monthly newsletter with health tips and recipes, an online activity and nutrition tracker, and access to an online journal. It also allows you to connect with others for support and motivation, and a search option helps you find walking paths in your area.

Beginners start by walking five to 10 minutes, while advanced walkers start with more challenging options.—Lindie Moler

THE CLIMB
If you’re already fit, walking may seem too easy. Here’s how to kick up the intensity for a more challenging workout.

Speed up. “The easiest way to up the ante is to simply walk faster,” says Therese Kroian, MS, author of Fitness Walking. You may even want to try race-walking, which uses more muscles and burns more calories.

Head for the hills. Walking uphill increases intensity. So does increasing the incline on a treadmill. But don’t hang on to the treadmill as you walk or you’ll negate the benefits, Kroian says.

Change the surface. “Walking on trails and meandering around rocks increases muscular demand,” Kroian says. Snow, sand, and even grass make walking more of a challenge.

Find support online. Programs such as the American Heart Association’s StartWalkingNow.org have helped thousands of people get started walking. Designed by ACE, the free online program includes a monthly newsletter with health tips and recipes, an online activity and nutrition tracker, and access to an online journal. It also allows you to connect with others for support and motivation, and a search option helps you find walking paths in your area.

Beginners start by walking five to 10 minutes, while advanced walkers start with more challenging options.—Lindie Moler

Brisk walking at 4 mph burns 334 calories, while strolling at 3 mph burns 221 calories.

Harm’s Way
Some kids embed objects under their skin. What’s behind this disturbing behavior?

A 17-year-old girl jammed six metal staples into the soft skin near her wrist. A 15-year-old girl pushed a length of pencil lead under the skin of her forearm. One 18-year-old inserted 35 objects over a period of two years, including staples, a comb tooth, a fork tine, a cotter pin, and nail polish washes.

The dangerous practice of pushing objects directly into the flesh or inserting them into cuts is called self-injury, or NSSI, says Peggy Andover, PhD, an assistant professor in the psychology department at Fordham University and a clinical psychologist. It’s most common among teenagers, but new research shows children as young as 7 self-injure. Andover has found a fairly even split between the genders.

Researchers have not given much attention to self-embodiment, according to Andover, but psychologists have some theories about why people do it. It may be a coping strategy: a way to calm anger, anxiety, or stress. It may be a way to signal emotional distress, or it might be a behavior learned from others. Andover says many people who self-embod report that friends or family members also have done it.

While some researchers consider embedding and other forms of NSSI a symptom of borderline personality disorder, Andover says it happens in people with other disorders, as well as in people without another diagnosis. Her research has also discovered a troubling connection. Many people who report self-injury also report suicidal thoughts and suicide attempts.

Dialectical behavior therapy (DBT), which is used to treat borderline personality disorder, also seems to help reduce self-injury. DBT is a type of cognitive behavioral therapy that teaches patients skills to cope with and change unhealthy behaviors. Andover is developing a new cognitive behavioral treatment specifically for NSSI.

What can parents do? “Talk to your teen. ‘Parents should realize that asking the question won’t start the behavior. It won’t put an idea into his or her head,’” Andover says. “It will potentially open up the lines of communication.”—Sue Kachinski

LIS TEN UP
Teens may try to hide self-embodiment. Clinical psychologist Peggy Andover, PhD, says it’s important to stop it.

Look for signs. If your kid wears turtlenecks in the summer or refuses to be seen in a bathing suit, he or she may be trying to cover up self-embodiment injuries. Talk about it. When your child mentions that a friend has done this, or you see a news report about self-embodiment, use the opportunity to discuss why kids hurt themselves and how to stop it.

Get your child into therapy. If you find out your child has embedded an object into his or her flesh, take it seriously. Therapy can help with the problem that’s causing this behavior. A psychiatrist can prescribe medication, such as an SSRI (selective serotonin reuptake inhibitor), that can be effective.

DYK?
As many as 6% of teenagers admit to inserting objects under their skin.

DYK?
As many as 6% of teenagers admit to inserting objects under their skin.
Toll Road
Caregivers often pay a hefty price when it comes to their own health

Since Jeanne Erdmann’s mother was diagnosed three years ago with dementia, she has taken on the daily responsibilities of bathing and dressing her mom, preparing her meals, making sure she takes her medicine, and managing her finances.

“‘It wears you down. I think it’s the grind of having someone there every day who needs more and more attention,’” says Erdmann, a medical journalist in Wentzville, Mo. Although she says she’s happy to care for her mom, preparing her meals, making sure she takes her medicine, and managing her finances.

“‘It wears you down. I think it’s the grind of having someone there every day who needs more and more attention,’” says Erdmann, a medical journalist in Wentzville, Mo. Although she says she’s happy to care for her mom, preparing her meals, making sure she takes her medicine, and managing her finances.

Caregivers who reach out for help can tap into information and resources to make their jobs less stressful. Yet the challenges of caregiving are often compounded by caregivers’ tendency to become isolated, McCord says. “There’s a lot of need for emotional support that goes unnoticed.”

Support groups and caregiving classes, either in person or online, give caregivers a forum where they can connect with others going through the same experience. They’re also a great way to learn about legal, financial, and medical resources needed to best care for someone.

Although guilt comes with the caregiving territory, it’s one emotion worth brushing aside. “Caregivers often feel they can’t enjoy themselves because the person they’re caring for is compromised,” McCord says. But when caregivers fail to keep in touch with personal interests and friends, they lose connections they need more than ever.

Erdmann still tries to find ways to let off steam. “We laugh a lot. You have to find the humor and just hold on to the good times as long as you can.” —Lisa Zamosky

STRESS LESS

Family consultant Jo McCord, MA, explains how to ease some of the stress of caregiving.

Call a family meeting.
Prevent strained family relationships by keeping all members informed about a loved one’s condition. Bring in an outsider, such as a social worker, counselor, religious leader, or friend, to help smooth over contentious situations.

Delegating tasks. McCord says caregivers often feel they need to go it alone. But don’t assume friends and family aren’t willing to help. “Make it easier by giving them something specific to do,” she says.

Get outside help. National, state, and local disease-specific organizations can put you in touch with day respite programs and in-home services that provide a much-needed break for caregivers. You can also hire a care manager, a professional who helps families plan and coordinate care. Call your local caregiver resource center, area agency on aging, senior center, or other community resource.

Unless you’re married to a person with Alzheimer’s or dementia.

Get support in the Caregiving community.

WebMD.com

Health Advice for Kids’ Sake

Heavy Duty
Think your kid is overweight? Focus on creating healthy habits for the entire family

A 10-year-old boy came into my office last week and promptly asked, “Am I too chubby?” His mother added, “I read about BMIs as a way to determine if someone is overweight. What is a BMI anyway? What does it mean?”

The body mass index, BMI for short, is a calculation that uses height and weight to estimate how much body fat a child has. The result is then compared with those of kids of the same age and gender to determine if the child falls within a healthy weight range. (You can use an online BMI tool to check your child.)

It’s worth doing, because a child who is overweight is not only at higher risk for diabetes, hip fractures, and other health problems, but his happiness is in jeopardy as well—as my young patient illustrates. You might think a child doesn’t worry about body size until he reaches his teens, but I’ve noticed younger children are also concerned. In fact, a recent KlineHealth poll found that more than half of kids ages 9 to 13 said they were stressed about their weight.

Watch your child for signs of distress. Perhaps your daughter is overly attentive to how she looks, saying things like “My tummy looks big” or asking “Are my thighs fat?” Maybe your son avoids clothing that exposes his body, such as swim trunks, or warns to skip school activities.

Take these cues seriously: Whether it’s you or your child who is concerned, see your doctor. She can calculate your child’s BMI and screen him for illnesses that are linked to being overweight. She can also help you find ways to make lifestyle changes that improve your whole family’s health.

Then, refuse the conversation. Tell your child it’s not about how he looks or his body shape but about being healthy. Explain that a person with a healthy body can run faster; be a stronger soccer player; do well at school; and feel better and happier—and how good eating habits, physical activity, and enough sleep all help.

The boy in my office did turn out to be overweight. I said this just meant he needed to have healthier habits. We talked about what he and his family could do to improve their health and fitness. It worked—when I saw him several months later, he was a happier, healthier boy.

KID STUFF
What can you do if your child is overweight? These simple tips can help.

Lead by example. Studies show that if parents eat well and exercise, kids are likely to follow suit.

Cook more often. If you eat out times a week, try going once less. On Sunday, spend an hour cooking food you can eat later in the week—grill enough chicken breasts for two meals, or make a big pot of chili.

Get your family moving. Take just 30 minutes on Saturday and Sunday to do an activity with your kids. Play Frisbee in the park or take a nature walk. During the week, take after-dinner walks.

Keep TV out of bedrooms. Many studies show that kids with TVs in their bedrooms tend to be overweight.

Get enough sleep. Seven to 12-year-olds need 10 to 11 hours of sleep a night, and teens need eight to nine. Make sure your child powers down an hour to 30 minutes before bedtime.
Per mile driven, teen drivers ages 16 to 19 are four times more likely to crash than older drivers.
ANATOMY OF A CUCUMBER

**Family Ties**
Cucumbers belong to the plant family
Cucurbitaceae, which includes
melons, squash, and pumpkins.

**Garden Variety**
Cucumbers come in many sizes, shapes, textures, and colors, including white, yellow, and even orange.

**Skin Type**
Two common kinds of cucumbers native to the U.S. include slicing and pickling. Slicing cucumbers are usually large with a thick skin, while pickling cucumbers are smaller with a thin skin.

**Salt of the Earth**
Pickles are cucumbers that have been soaked in a brining solution made of salt, vinegar, and water.

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**Fit Fruit**
A half cup of sliced cucumbers has 8
calories and contains more than 10% of
the recommended daily intake of vitamin K.

**Water Weight**
A cucumber is more than 95% water.

**Cool It**
Cucumber slices over the eyes may help
reduce puffiness, thanks to a combination of
the fruit’s water content and caffeic acid.

**For the Record**
The world’s largest cucumber, grown in southern
China, was 67 inches long and weighed 154 pounds.

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**Under the Sea**
Sea cucumbers are not related to the produce
variety. They are just named after its oblong
shape.—Chloe Thompson

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**Cold Creamy Cucumber Soup With Avocado**

Makes 6 servings

**Ingredients**
1 tsp unsalted butter
1 tsp extra virgin olive oil
3 leeks, washed and sliced
1 clove garlic, minced
4 cups (about 3 large) cucumber, peeled, seeded, and cubed
4 cups low-sodium chicken stock
1 tbsp chopped fresh dill, divided
4 cups (about 3 large) cucumber, peeled, seeded, and cubed
1½ tsp salt
½ tsp black pepper
1 pinch chili flakes
1 tsp extra virgin olive oil

**Directions**
1. In a heavy-bottom 4-quart pot, heat butter and
olive oil over medium heat. Sauté leeks 5–7
minutes until tender. Add garlic and continue
sautéing 2 more minutes.
2. Add cucumber and chicken stock. Simmer until
cucumber is softened (about 6–8 minutes).
3. Pour small batches of cucumber soup into a
blender and puree until smooth.
4. Return puréed soup to pot and add 1 tsp of dill,
sherry or vinegar, salt, pepper, and yogurt. Whisk
thoroughly to blend.
5. Cover and refrigerate soup until chilled, about
2–3 hours.
6. To serve, ladle soup into bowls and garnish with
avocado and the remaining dill.

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**Pot’o Beans**

Makes 6 servings

**Ingredients**
3 15-oz cans Italian white (cannellini)
beans, drained and
rinsed
1½ tsp extra virgin olive oil
1 small onion, chopped
1 tbsp fresh thyme, sage, or combination,
finely chopped
(1½ tsp dried)
1 pinch chili flakes
1 tbsp garlic, finely chopped
3 15-oz cans Italian white (cannellini)
beans, drained and	hersefully rinsed
½ cup canned
tomato purée
½ cup chicken broth
low-sodium
handful of chopped parsley
black pepper
dash of salt

**Directions**
1. Drizzle bottom of heavy-bottomed pot with extra
virgin olive oil.
2. Stir in onion, herbs, and chili
flakes. Cook until onions are
soft, about 5 minutes, then
add garlic.
3. Sauté 2 more minutes. Add
beans, tomatoes, and chicken
broth.
4. Cook 5 minutes. Serve with
crumbled parsley, pepper to
taste, and a dash of salt.
By Christina Boufis, WebMD Contributing Writer

As many as 4 million people in the United States have hepatitis C, according to new research, and about 15,000 people die of hepatitis C-related liver failure or liver cancer every year. In fact, more Americans now die from hepatitis C each year than from HIV, according to a recent study published in the Annals of Internal Medicine. Even more startling: 75% don’t know they have the virus—and they might have had it for decades. How is this possible?

“In general, it’s relatively asymptomatic,” that is, with few, if any, symptoms, says Eugene Schiff, MD, professor of medicine and director of the Schiff Center for Liver Diseases at the University of Miami’s Miller School of Medicine. “Most people who have chronic hepatitis C—that means they’ve had it for some time—are disproportionately between ages 45 and 65,” Schiff explains. Indeed, one in 30 baby boomers has been infected with hepatitis C, accounting for 75% of those who have this “silent killer,” according to the CDC. Typically, their only symptom is fatigue, which often flies under the radar. “Many people say, ‘Well, I’ve been feeling tired for some time, and I thought, I’m getting older, and [that’s] probably the reason,’” Schiff says.

In June, the CDC issued new guidelines recommending people ages 45 to 65 be routinely screened for the hepatitis C virus (HCV) with a blood test. “It’s going to be test and treat, and that’s very good,” Schiff says.

Starting Point

Hepatitis is an inflammation of the liver, usually caused by a virus. You’ve probably heard of the most common types: hepatitis A, hepatitis B, and hepatitis C. While you can get vaccinated against hepatitis A (caused primarily by ingesting contaminated food or water) and hepatitis B (predominantly spread through sexual contact and from mother to newborn), there is no vaccination for hepatitis C. Transmission occurs by contaminated blood transfusions, blood products, and organ transplants. Hepatitis C is also spread through injections given with contaminated syringes, needle-stick injuries in health care settings, use of injected drugs, or being born to an HCV-infected mother. Less commonly, it can be transmitted through sex with an infected person or by sharing personal items contaminated with infected blood.

Who Gets It

Why do so many middle-aged adults have hepatitis C? First, anyone who received a blood transfusion or organ transplant before 1992 might have contracted the virus without knowing it. “We didn’t have any way of detecting the virus in the blood supply until then,” Schiff says.

In addition, baby boomers who came of age during the 1960s and ’70s might have experimented with intravenous drugs, putting them at risk for contracting the virus. “We’re not talking about hard-core addicts,” explains Schiff. “They may have done [IV drugs] four or five times. They shared needles.”

How It Progresses

For every 100 people infected with HCV, 73 to 85 will develop a chronic form of the disease—meaning it persists indefinitely (or until treated), attacking the liver and causing liver cells to die. Though the liver is able to regenerate or grow back, it can form scar tissue as it attempts to repair itself. As decades go by, the disease can progress to cirrhosis, where so much scar tissue has built up that the liver can no longer function properly.

Your chance of developing cirrhosis roughly correlates with the number of years you’ve had hepatitis C, Schiff says. Anywhere from 5% to 20% of those chronically infected with the disease develop cirrhosis after 20 to 30 years, according to the CDC. The progression to cirrhosis occurs more quickly in men, those who are HIV positive, and those who drink alcohol. Once you have cirrhosis, you’re at risk for developing liver cancer. “About 1% to 5% of chronic hepatitis C patients [in the United States] with cirrhosis will get a primary cancer of the liver,” says Schiff.

But, mysteriously, not everyone who becomes infected with HCV develops a chronic form of the disease. Anywhere from 15% to 25% of infected people “will spontaneously clear it right off the bat without any medication,” Schiff says. Others can be cured with antiviral drugs, which can eliminate the virus from the body and thus prevent liver problems.

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*American Journal of Preventive Medicine, August 2008*

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**Juvenile Arthritis Awareness Month**


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Best of all, it’s free. So start planning today.

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**Get Started**

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**Get Started**
Kyra Sedgwick has to jump on another phone. It’s her husband calling. She and actor Kevin Bacon will celebrate their 24th wedding anniversary this September, and there’s a melty tenderness in her voice when she says, “Hi, honey…is everything OK?” There’s a pause, and you can hear the smile—that screen-illuminating Sedgwick smile—in her voice as she says, “OK, I love you, bye.”

Right there is a clue as to just why Sedgwick and Bacon are one of Hollywood’s admired veteran couples. Though they married young and, some might say, hastily—she was just 22 when they met on the set of the PBS adaptation of the play Lemon Sky; they married within less than a year and conceived their son on their honeymoon—they are still going strong nearly a quarter-century later.
As a parent, you have such a great job, and you feel like you're pretty good at it—then you kinda get fired. But it's also the exact right nature of things, and I take solace in that."

"We don't take each other for granted," says Sedgwick, who will be 47 in August. "As most two-career couples with kids can attest, that's an easy trap to fall into. "So you have such a great job, and you feel like you're pretty good at it—then you kinda get fired. But it's also the exact right nature of things, and I take solace in that."

Sedgwick pauses, clearly thinking she's onto something. "I'm a terrible gardener, by the way," she declares. "I managed to kill a ficus in my house!" She cries. "I talk about my feelings in a lot of different venues, and I let them come out, and I cry," she says. "I spent so many years on The Closer living Brenda's life six months out of the year, and some of my emotions got stored up. I cried a lot. I cried a lot."

Nest Test
Since 2005, Sedgwick's marriage—and her relationship with kids Travis, now 23, and Sosie, who just turned 20—has weathered frequent separations required by her starring role as deputy chief Brenda Leigh Johnson in TNT's The Closer, a part that netted her both an Emmy and a Golden Globe Award. The Bacon-Sedgwick household is firmly rooted in New York City, but the show was produced in Los Angeles. A few months ago, she wrapped up filming the last season of the series, which starts July 9. Now, she's looking forward to the release of one of the first films she's starred in since The Closer began, an endeavor that's called The Possession, with Jeffrey Dean Morgan, due out at the end of August. Much as she loved playing Brenda, Sedgwick says it was time for her to move on. "I miss the people and the camaraderie and making something like that, but I don't miss doing it," she explains. "I gave 150% every day, and I was definitely ready to be done. On this visit—"she's calling during a jaunt back to Los Angeles—"I was seeing some folks from the show who are filming [TNT's upcoming series] Major Crime, and I was thinking that I really didn't miss it. I love Brenda so much, but maybe it will take me a few years to feel nostalgic and miss her." Something she is feeling a bit nostalgic for these days, her kids' time at home. Both Travis and Sosie are out on their own now, although Sedgwick says she and Bacon don't feel like empty nesters quite yet. "The kids are still around, but it's different. I think I grieved an entire year over the process, and I still get boo-hooey sometimes, but I'm so grateful that they're still talking to me and they want me to be part of their lives," she says. "I do miss that level of need and intimacy we once had. As a parent, you have such a great job, and you feel like you're pretty good at it—then you kinda get fired. But it's also the exact right nature of things, and I take solace in that."

In her wistful but comfortable acceptance of her new, less-urgent role in her children's lives, Sedgwick reflects the reality of most parents after their nest empties, says Christine Proulx, PhD, an assistant professor in the human development and family studies department at the University of Missouri, whose research seems to demonstrate that the loneliness of the "empty nest" is largely a myth. For a study published in the Journal of Family Issues, she interviewed 142 couples who were at the same stage of life as Sedgwick and Bacon—watching the youngest of two or three children leaving home. A majority, she says, found themselves truly enjoying their changed roles. "They liked the shift from always having to monitor their children day to day, to becoming more of a peer or mentor," says Proulx. "It was very fulfilling for the parents. I think many were surprised at the level of pleasure they derived from this new relationship with their children, as well as being able to spend more time with their spouse."

That's one thing Sedgwick plans to make the most of. She's said her heart still skips a beat when she sees Bacon enter a room—or when he writes one of his many love songs for her (in addition to his famously versatile acting career, Bacon has a band with brother Michael, they released Philadelphia Road, The Best of the Bacon Brothers last month). "My favorite song he's written for me is 'Kikko's Song'—my nickname is Kikko. 'Angelina' is another good one—my other nickname is Angel. It's about me, not Angelina Jolie," she says, laughing. "The songs are so sweet."
Man on a Ledge, P, often advises adult children of divorce how they have the childhood I had. "Study. They say over and over again, 'I don't want my son or my daughter to take their parents made. "They tend to do it carefully, and they want their child was 3 at the time) into young adulthood.

Wallerstein's groundbreaking 25-year study tracked most of these young people want to make sure they don't make the mistakes their parents made. "They tend to do it carefully, and they want their children to have everything they didn't have," says Wallerstein, who chronicled her findings in The Unexpected Legacy of Divorce: A 25-Year Landmark Study. "They say over and over again, 'I don't want my son or my daughter to have the childhood I had."

Wallerstein, also the author of What About the Kids? Raising Your Children with John Travolta, and The Closer, advises. "Don't sweep it under the rug. Talk about the sometimes-forbidden topic of why the divorce happened. 'Go back to your parents and ask why. 'Why did you divorce? Looking back, do you think it was a good reason?' " Wallerstein says. "Often, what I see is that during [young adults'] 20s, they experiment with different relationships and then they're able to make a choice," Wallerstein says. The big problem they have to overcome, she says, is that they don't have a frame of reference for a happy marriage. "Whatever you can rescue out of your experience would be useful to pass on," Wallerstein advises. "It's a great gift to be able to say to your child, 'There's no connection between my divorce and your relationships. What happened to me doesn't have to happen to you. Divorce isn't in the genes.'"

Mom at Work

Although the sweet-but-steely detective Brenda Leigh Johnson is the role that made her a household name, Sedgwick has worked steadily ever since she won a part on the soap opera Another World when she was just 16. When her kids were younger, she and Bacon had a rule not to work at the same time. Sedgwick averaged about a role per year in films like Single Parents, and The Woodsman, but she was still very much a working mom—and she's clear-eyed about the sacrifices that required.

"When I first had my kids, I thought, 'I really wish I was the person who could be happy and fulfilled only being a mom,'" she says. "But that's not me. I heard Meryl Streep talking the other day—and here she laughs at herself. 'You know, Meryl, my friend—but we actually are friends!'—anyway, she was talking about how no one in her family likes her to go to work. It's true!"

Sedgwick says she won't pretend there aren't drawbacks to working when you're the mom of young children. "There's a great time in this movie [The Woodsman, released in 1992] with Julie Kavner, where she plays a single mom who is a comedian and starts to make it when her kids are like 10 and 14," Sedgwick says. "She comes back from a tour and they're furious at her for having left. Someone says, 'Oh, they don't really mean it—they just want their mom to be happy.' She says, 'That's the biggest load of s***. They'd rather have me in the next room wanting to commit suicide than happy on the road.'"

That's a child's birthright, Sedgwick says. "They should have their parents there all the time, but that's not the way the world works. Like Freud said, we need love and work." She believes the family separations required for doing The Closer taught her how to handle that. "Before I left to start filming the show, someone told me to keep my heart where my feet were. I tried to do that. My heart was really at home, of course, but I wanted to show up and really be present for this."

Now she's focused on the upcoming release of The Possession, which represents a bit of a departure for her: "It's cool, man," she says. "Ole [director Ole Bornedal] is like the Martin Scorsese of Denmark. I'd never done a movie like this before, and I don't think it reinvents the genre, but it's really good. I play a mom who's splitting up with her husband and the divorce is affecting the children. The movie is a metaphor about what happens when something evil gets into a family that loves each other, and how they have to come together. And there's this little girl in it, Natasha Calis, who's like the next Jodie Foster."

Separate Peace

With her rather dramatic family history, Sedgwick's cards might have predicted a much less sunny personal life. Her father is one of the New England Sedgwicks, an old-money and old-drama family in which mental illness, drug addiction, and suicide figured along with judge-ships and names on the Declaration of Independence. One of her cousins was the model Edie Sedgwick, who became famous as artist Andy Warhol's muse in the 1960s and died of a drug overdose in the early 1970s.

Kyra was just 6 when her parents split, and says it wasn't until well after she and Bacon had married that she truly understood the impact of that trauma. "I was so young when I got married. I felt like Kev was this raft I clung to. I suddenly felt at home and safe for the first time in my whole life when I met him," she says. "But it took years later until I let myself have the feelings and know how deeply I was affected by the divorce of my parents. When I did realize it, I thought, 'I will never do that! I'm so grateful this will never happen to my kids.'"

"I don't think I would have stayed in a desperately unhappy marriage, but divorce was something I would have avoided at almost all costs. But I didn't have to. It was easy. I'm lucky I couldn't be happier, really."

“...When I first had my kids, I thought, ‘I really wish I was the person who could be happy and fulfilled only being a mom.’ But that’s not me.”

From left, Sedgwick in Man on a Ledge, Phenomenon with John Travolta, and The Closer.
When Washington, D.C., mom Sara Durkin’s son was 3, she got a call one day from his preschool. “They said he wasn’t sitting in circle time, he wasn’t sharing as much as he should, and he liked to be the center of attention,” she recalls. There were other issues as well. He didn’t like group activities, although he did like to play one-on-one with other children. He was busy and physical, but he didn’t want to ride a bike and seemed a bit clumsy.

Some parents of young children, especially boys, often hear about sensory processing disorder. Is it a new childhood crisis or just the latest label?

The school suggested that Durkin take her son to see an occupational therapist. “They said that he might have sensory processing disorder or something like that,” she recalls. Occupational therapy (OT) helps adults do better at their job and daily tasks. OT helps children be more comfortable and successful at play and in school.

Durkin and her husband thought he was just being a 3-year-old boy, and that in some ways—such as seeking the company of adults and enjoying the limelight—he was simply taking after his father, a national TV news correspondent. They elected to skip OT.

Then within a few months she heard from several other D.C. families. Their sons, all around the same age, had also been referred for occupational therapy (by different schools) with the suggestion that they might have sensory processing (or integration) disorder (SPD) or attention deficit hyperactivity disorder (ADHD).

“I have one neighbor who’s a speech pathologist and another who’s an audiologist, and they both told me [SPD] is one of the most over-diagnosed disorders these days,” Durkin says.

What’s going on here? Is there something really wrong with our kids—especially little boys? Or is “sensory processing disorder” the new ADHD—that is, a diagnosis of the moment that may well apply to certain kids who truly need professional help, but could also be over-applied to turn typical young-child behavior into an illness?

It’s true that behavioral and developmental disorders are on the rise among America’s children. One in every six children now has been diagnosed with a developmental disability, such as autism, ADHD, or learning disabilities, according to research from the Centers for Disease Control and Prevention. That’s 1.8 million more children than were diagnosed with similar conditions in the late 1990s. And nearly twice as many boys as girls have these conditions.

But what’s not entirely clear is how much of this rise is due to a real increase in behavioral
problems, and how much can be attributed to greater willingness to diagnose children who seem more active or distracted than others, but who in the past might not have received a "behavioral disorder" label. “Schools often make these calls with good intentions, often they want to find out what’s going on with a child who isn’t ‘fitting in’ with the regular model of schooling,” says Maureen Healy, MA, MBA, a child development expert who has advised public school programs in New York, Connecticut, California, and North Carolina.

This phenomenon may be occurring partly because we ask much more of preschool-age children than in previous decades. “We’ve compressed the curriculum more and more over the years, to the degree that what we’re expecting of younger children is developmentally inappropriate,” says John Schinnerer, PhD, a former school psychologist now in private practice in California and the author of Guide to Self: The ABCs of SPD. “Part of that is because the ‘brakes’ in the brain aren’t fully wired yet,” says Schinnerer.

"Sensory dysregulation tends to get better with neurological maturation, but in many cases, it does not go away altogether," says Allison Kawa, PsyD, a Los Angeles child psychologist. "Most people learn coping strategies as they grow up. For example, people with sensitivity to light often find fluorescent lights irritating. As adults, they might choose to bring floor lamps into their office to avoid having to use them."

"Remember, we all engage in sensory seeking behavior. We all seek things that feel good to us, such as using a pen cap or chewing a cap when concentrat-ing and sensory avoidance (1 personally hate touching cold, mushy things like raw meat. It is when these needs or aversions interfere with our functioning and cause dysregulation that we have a disorder," Kawa adds.

But not everyone is convinced that SPD is a distinct disorder at all—many suggest it is only a symptom related to other behavioral or developmental disorders, like autism and ADHD. Even those who do think it exists are cautious about applying the SPD label. “I see it all the time in kids, and I do refer for further evaluation by occupational therapists,” says Schinnerer. “I see kids who aren’t yet to appear in any of our diagnostic manuals, and it’s not something like depression that has been well researched and defined with a large body of evidence.”

"It can be a legitimate diagnosis," Healy adds, "but I also think that a lot of highly sensitive kids get lumped with a label that’s not really to their benefit. In extreme cases, it’s clear there’s a problem that needs help. But in milder situations, it’s very unclear if it makes sense to label things like this.

What Can Parents Do?
What if you realize that the school might be on to something? A referral to an occu-pational therapist can pretty much never hurt, says Shakh. “This isn’t medication. It doesn’t have side effects,” he says. “There are a lot of adaptive, common-sense things that a good occupational therapist can do to help a child with sen-sory issues.”

For example, perhaps your son has been fighting a lot at recess. The occu-pational therapist may find that he has a problem with knowing where his body is in space, so when another child bumps into him, he lashes out. "The OT will work with him exercises to better develop that positional sense," says Shakh. "In general, with young kids, the more ‘nonmedical’ work—teaching and training—that can occur, the better off you are."

But you shouldn’t take a referral from a school straight to an occupational thera-pist, cautions Melanie Fernandez, PhD, a clinical psychologist and director of the Parent-Child Interaction Therapy Program at New York City’s Child Mind Institute. Instead, consult your pediatrician, and perhaps seek an evaluation from a child psychologist or psychiatrist.

In case occupational therapy can cost thousands of dollars out of pocket, you’re more likely to get insurance coverage for it if the referral comes from a pediatrician or a child psychologist or psychiatrist.

If your child does have sensory issues, says Shakh, identifying them and intervening at an early age can be enormously helpful. “One child was just kicking and screaming. But his parents realized that he just needs to feel things push- ing up against him,” he recalls.

“Every once in a while, the school has him crawl through plastic tunnels back and forth on his hands and knees, to get that need for stimulus out of him, and then he goes back into class and does fine. If you’re a kid who struggles with this, every part of the day can be a bit irritat-ing. Getting his needs met by modifying his day can make a world of difference.”

To find a qualified child psychologist or psychiatrist, contact the nearest major medical center or use the search tool provided by the American Academy of Child and Adolescent Psychiatry (www. aacap.org).

Since occupational therapy can cost thousands of dollars out of pocket, you’re more likely to get insurance coverage for it if the referral comes from a pediatrician or a child psychologist or psychiatrist.

Consider changing schools. “A lot of kids are sensitive, but that doesn’t mean they have sensory integration disorder,” says Maureen Healy, MA, MBA. “They may just do better in a different school—for example, a more open-ended, nontraditional environment.”

What’s your challenging question? Ask our parenting experts

Does Your Kid Need a Diagnosis?

Maybe, maybe not. First, consider taking one or more of these steps to help him or her adjust to a school environment.

Discuss alternate activities. “You might just have a kid who isn’t developmentally ready for a 20-minute circle time,” says Allison Kawa, PsyD. “After 10 minutes, perhaps he can be allowed to go to a beanbag chair and look at a book.”

Hold your child back from kindergarten. “Don’t start him early, especially if he has a late summer or early fall birthday,” John Schinniier, PhD, advises. “Hold him out for a year, let him be a kid and develop socially, mentally, and emotionally.”

Look at simple things like nutrition, sleep, vision, and hearing. Evaluating these areas may help you identify an easily correctable problem that might be causing behavioral issues. “My own son was a very wiggly little guy, and was even more so when he would eat sugary breakfast cereals,” says Ahlan Shaikh, MD. “When we started giving him more protein in the morning, a lot of his behaviors went away.” Note, however, that sugar doesn’t necessarily cause heightened activity in kids.

WebMD the Magazine | July/August 2012

What’s your child’s biggest challenge?
DO YOU HAVE GOOD SLEEP HABITS?

Schraderj4, a member of the WebMD sleep disorders community, doesn’t have a problem falling asleep. Her issue, she writes, “is STAYING asleep! I sleep for about an hour at a time, sometimes a little more or less. It affects everything in my life now as I am always tired, can’t remember things I’ve known for years, can’t concentrate on simple tasks.” Schraderj4 may have a problem with “sleep hygiene.” Do you know how the following affect your shut-eye?

1. Do you watch TV, eat, or discuss emotional issues in bed?
   - Yes
   - No

2. Do you smoke or drink alcohol or caffeine before sleeping?
   - Yes
   - No

3. Do you exercise before bedtime?
   - Yes
   - No

4. Does your pet sleep with you?
   - Yes
   - No

Answers: 1. Use your bed only for sleep or sex; other activities can make it harder for you to fall asleep. 2. Nicotine is a stimulant and so can disrupt sleep. Caffeine is also a stimulant and so can disrupt sleep. 3. Regular exercise makes it easier to fall asleep and contributes to sounder sleep, but do it at least three hours before bedtime. 4. Keep pets out of your bed so they don’t wake you or trigger allergies.

If you improve your sleep habits and still don’t sleep well, talk with your doctor.

Source: National Sleep Foundation; National Heart, Lung, and Blood Institute; and the WebMD Sleep Disorders Health Center

DID YOU KNOW?

During middle age, sleep patterns change: We wake up more during the night than in our younger years.

QUESTIONS FOR YOUR DOCTOR

1. Do my sleep problems indicate I may have a sleep disorder? Is so, what type?
2. Are my sleep problems caused by an underlying medical or mental illness?
3. Will a sleep medication help? Are prescription sleep medications habit-forming?
4. Should I see a sleep specialist? Will I need to undergo overnight testing?

IS TYPE 2 IN STORE FOR YOU?

Alliej025 worries she’s at risk for diabetes. “My sister had diabetes and lost both legs and her life last year,” alliej025 writes in the WebMD diabetes community, “I do not want to end up like she was. I know that being overweight doesn’t help. I also have numbness and tingling in my feet, legs, and hands. Is any of this enough to be concerned?” What do you think? Take the quiz to learn more about the risk factors for type 2.

1. Young people get type 2 diabetes more often than older people.
   - True
   - False

2. Being overweight increases your risk of getting type 2 diabetes.
   - True
   - False

3. If a family member has diabetes, your own risk increases.
   - True
   - False

4. Caucasians are the ethnic group most likely to get diabetes.
   - True
   - False

Answers: 1. False. In general, the risk of type 2 diabetes goes up with age and people age 45 and older are more likely to get it than younger people. However, greater numbers of people younger than 40—including teens and young people—now develop the disease as a result of the U.S. obesity epidemic. 2. True. Too many pounds can hamper your body’s ability to use insulin properly, which can lead to type 2 diabetes. 3. True. A parent, brother, or sister with type 2 diabetes raises your risk. 4. False. Native Americans, Alaska Natives, African-Americans, Latinos, Asian-Americans, and Pacific Islanders get type 2 diabetes more often than Caucasians.

Source: American Heart Association, American Diabetes Association, and the WebMD Diabetes Health Center

SLEEP WELL NEWSLETTER

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DIABETES NEWSLETTER

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

7 million Americans have diabetes but don’t know it.

Varieties of diabetes:

1. Type 1 diabetes
2. Type 2 diabetes
3. Gestational diabetes
4. Prediabetes

Answers:

1. True
2. False
3. False
4. True

Source: American Heart Association, American Diabetes Association, and the WebMD Diabetes Health Center
DID YOU KNOW?

Fruits, vegetables, and whole grains contain no cholesterol.

An 243681 got a wake-up call when she received her most recent cholesterol results. “398!,” she tells WebMD’s cholesterol management board, “the ‘bad cholesterol’ was 200! Help. I’m trying to manage my diet but it’s so difficult...any tips?” WebMD’s Cholesterol Management and Eating & Diet centers have lots of good pointers. Before you look there, take this quiz to find out how much you already know.

1. If a food product’s package says “low cholesterol,” it’s also low in fat.

   True    False

2. The best age to have your cholesterol level checked is 50, because that’s the peak age for heart attacks in men.

   True    False

3. Women don’t get heart disease very often, so they don’t need to worry about cholesterol.

   True    False

4. There is no cholesterol in peanut butter.

   True    False

Answers: 1. False. The two don’t necessarily go hand in hand. For example, coconut oil has no cholesterol but is high in saturated fat. 2. False. Everyone age 20 and older should have a blood test to check for cholesterol levels at least every five years. 3. False. Heart disease is the top killer of both men and women. Because cholesterol plays a role in heart disease, women must watch their levels, too. 4. True. Dietary cholesterol comes from animal products (such as meat, eggs, and dairy products), not plant foods (such as peanuts).

QUESTIONS FOR YOUR DOCTOR

1. How do I know if I am at risk for a heart attack? What are my risk factors?

2. Can I control my cholesterol through lifestyle changes alone?

3. Do I need to take cholesterol-lowering drugs?

4. How low can I realistically expect my cholesterol to go? What should I aim for?

HEART HEALTH NEWSLETTER

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

Source: American Heart Association and the WebMD Cholesterol Management Health Center

WEBMD CHECKUP

80 QUESTIONS ABOUT YOUR LIFE AND WELL-BEING

Joel McHale

ACTOR/COMEDIAN

You start in two hit TV shows: NBC’s comedy series Community and El’s satirical The Soup. You’ve got a new movie, Ted, which came out this summer. How tough is it to balance career and family?

Here’s one strategy: Never sleep. That way you can get everything done. Seriously, though, at all times, I make time for the family, even though I’m not very organized about that. I take them with me on trips when I can. I try to get home to dinner every night, but it’s really difficult to get home all the time. I try to keep a rhythm no matter how crazy it gets. I hustle myself at my family whenever I can.

WebMD.com

You have been married more than 15 years. How do you and your wife keep your relationship fresh?

You have to choose your spouse every day. Tell yourself that this is the person that I love and want to be with. It has to be something you do consciously. It becomes subconscious.

Have you passed on the funny gene to your sons?

Both are hams in their own way. They definitely can tell jokes. When you star in two hit TV shows: NBC’s comedy series Community and El’s satirical The Soup. You’ve got a new movie, Ted, which came out this summer. How tough is it to balance career and family?

Here’s one strategy: Never sleep. That way you can get everything done. Seriously, though, at all times, I make time for the family, even though I’m not very organized about that. I take them with me on trips when I can. I try to get home to dinner every night, but it’s really difficult to get home all the time. I try to keep a rhythm no matter how crazy it gets. I hustle myself at my family whenever I can.

Your first son, Eddie, had open-heart surgery as a newborn. How did you and your wife make it through that frightening time?

He was born with two large holes in his heart. It was horrific; we couldn’t believe it. But we just started dealing with it. There’s nothing else you can do but proceed. It was a dark tunnel, but we came out the other end. For other parents, it’s a tunnel that never ends.

What advice do you have for parents who find themselves faced with serious health issues with their children?

You have to dump your life into your child. You have to live for them. That’s when you really have to be a parent and shower them with love even if they are tiny and don’t understand what’s going on.

Did your son’s illness encourage you to pay more attention to your own health?

No. I drink just as much as I used to. Kidding I am not a smoker, but I didn’t ever think about my health at all. I didn’t think about eating more whole grains or drinking more wheatgrass juice.

Is there anything you wish you had known about health when you were younger?

I used to run so much. I wish I had known how tough that could be on your knees. Now I do push-ups.

What is your best health habit? Your worst?

I eat a lot of vegetables, and I do a lot of push-ups. At random times, I will just drop on the floor and do some push-ups. I’ve usually done a couple hundred by the end of the day. My worst [health habit] is too much wine and going crazy for sweets.

Have you passed on the funny gene to your sons?

Both are hams in their own way. They definitely can tell jokes. When I make a bad joke, Eddie says, ‘Daddy, no more jokes for a year.’

You have been married more than 15 years. How do you and your wife keep your relationship fresh?

You have to choose your spouse every day. Tell yourself that this is the person that I love and want to be with. It has to be something you do consciously. It becomes subconscious.

You’ve often said that 90% of what’s on TV sucks. Does that make it hard for you to stay positive about your profession?

I’m always very positive because someone is paying me. Seriously, just like all art and architecture, 90% of TV is crap but the other 10% is spectacular. Even with the advent of 1,000 cable channels, the ratio stays the same. But I think the jury’s out on whether I’m in the 10%. I think I am. But then I’m pretty arrogant. Plus, it would be weird for me to say “my shows suck.” I’m very fortunate to be with the shows that I’m on. —Matt McMinn
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Love
Find the right breed for your brood

Dog Show
TV host Maria Menounos’ four pooches provide the entertainment in her life

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Boarding Pass

How to find the right kennel

Q: My family is leaving for summer vacation soon. How do I choose the best kennel for our dog?

A: “Don’t wait,” says Nana Will of Gold Hill, Colo., a dog trainer for more than 20 years. Will conducts seminars to train doggy day care staffers at her facility and does consulting work across the country. “Start checking kennels out now, not right before you have to leave. Ask your friends or your veterinarian for references. Visit the facility you’re considering and get a tour,” she says.

Ask the staff about the services they offer and if there are structured daily activities. Can you bring your own dog food so keep your dog on the same diet? See what the sleeping quarters are like, and ask who provides the bedding. What’s their veterinary care? Take note of how they handle the dogs and the facility’s cleanliness. If your dog hasn’t been at a kennel for a while, and you’re leaving on a long-term vacation, it’s probably best to board your dog for a night or two before you go to get him used to it, she adds.

Q: My dog’s nose is hot and dry today. Does that mean he’s sick?

The common belief that a healthy dog has a cold, wet nose and a sick dog has a hot, dry nose is FALSE. Here’s why: The temperatures of dogs’ noses fluctuate day to day, even hour to hour. It’s hard to say exactly why (it could be the environment or it could be what they’ve been up to recently). But a dog can be perfectly healthy and have a warm, dry nose. A dog can be really sick (think heart disease or critically injured) and have a cold, moist nose.

The moistness of your dog’s nose is also not an indicator of health, says Steven Marks, DVM, clinical associate professor of critical care and internal medicine at North Carolina State University’s College of Veterinary Medicine. “In a very dehydrated dog, yes, the nose might be dry,” he says. “But dogs can have moist noses because they’re healthy, and they can have moist noises when they have a nasal disease. It’s just not a reliable sign.”

Better indicators of a dog’s health are symptoms such as not eating, not drinking, or behaving oddly.

Audrey Cook, BVMS
WebMD PET HEALTH EXPERT

Get more expert answers to your pet health questions.

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It’s slight consolation to us mere mortals to know that entertainment superstar Maria Menounos hasn’t always had her act together. In fact, she freely admits she used to be a slob.

"After I moved to L.A., my boyfriend took it upon himself to clean out my desk, and he found ancient to-do lists" that never got done, she says. "He was genuinely sad. He said, ’It was such a mess! You poor thing, I don’t know how you were living like that.’"

But thanks to her uber-organized man, writer and producer Keven Undergaro, Menounos now counts herself among the orderly. She says that’s what has given her the time and peace of mind to fit so many fulfilling things into her life—including picking up stray pups on the streets of Los Angeles.

Today, the 34-year-old host of the TV entertainment news series Extra is so organized that nearly everything in her house—with the exception of her four rescue dogs and Undergaro—is neatly labeled. All of her dogs are white, but she quickly points out that she doesn’t have a “white fetish.”

“That’s just a coincidence,” Menounos laughs. “They all just came to me.” Baby and Benjamin are bichons, Apollo (who was thrown from a moving car before he was rescued) is a German shepherd, and Athena (who was in a puppy mill) is a poodle.

"Benjamin has so many expressions, he’s like a little person," she says. “And when Apollo gets jealous, he does this”—Menounos makes a high-pitched wailing sound. “But generally, he’s the happiest dog you will ever meet in your life—and he’s a hero because he rescued the bichons from the pool.” She says Athena is the “most soulful, appreciative lover on the planet.” And Baby? "She’s just like me—independent and very much a tomboy, but needs her hugs. She just loves to play. And be happy."

Born to Greek immigrants, Menounos developed a strong work ethic at an early age, helping her parents clean nightclubs in Boston. She studied broadcast journalism and film in college, and at 23, she became the youngest person ever to host CBS’s Entertainment Tonight. She also holds the distinction of having conducted the only TV interview with the entire Obama family. She played herself in the film Tropic Thunder, starred in Kickin’ It Old Skool, and did voice work for a James Bond video game. She’s appeared on NBC’s Scrubs, CBS’s Without a Trace, HBO’s Entourage, and The CW’s One Tree Hill.

Most recently, Menounos and partner Derek Hough nearly made it to the season finale of Dancing With the Stars on ABC. “It was the most wonderful experience of my life, hands down,” she says. “Learning how to dance was something I’d always wanted to do. So with this show, I got to have my little-girl dance recital, with my costumes and fringe and glitter—and my parents sitting in the front row.”

Menounos created the nonprofit Take Action Hollywood (takeactionhollywood.com), which helps raise awareness for causes ranging from type 2 diabetes and autism to the environment and pet adoption. She also serves as a diabetes awareness ambassador for the Entertainment Industry Foundation.

On top of all that (and a dog allergy), Menounos manages to rove the city, looking for strays. She used to volunteer at the Glendale Humane Society, but now she just keeps water bowls, treats, and leashes in the trunk of her car. “I realized I needed something to catch these dogs when they were running,” she says. “I’m usually lucky and figure out where they come from. Some have tags, but often, I’ve just had this crazy intuition and find the house where they belong. It’s so sad to see them wandering.”

As for Menounos’ next big thing, there are a few “secret” projects she can’t yet talk about. But no matter what’s in the stars for this star, we can be sure she’ll be on top of her to-do list.
Cats are meticulous groomers, but what happens when the grooming goes into overdrive? Sometimes licking, scratching, and chewing can become compulsive, annoying you and damaging your cat’s skin and coat.

If your cat is doing any of these things compulsively, you’ll probably catch her in the act. If you don’t, your first clue may be the disappearance of her fur, often in strips along her back or stomach. Although compulsive cat scratching, licking, or chewing behaviors can develop in any animal, they are more common in Siamese cats and other Oriental breeds. Female cats are more likely than males to lick, chew, or pull on their fur.

Several medical problems can also lead to compulsive grooming, so see your veterinarian to help determine the cause and the best course of action. Here are some of the most common culprits.

**Parasites.** Your cat can have fleas without your knowing it. Because they’re excellent groomers, cats may remove all traces of fleas. If you notice your cat licking his lower back obsessively, with or without scabs on the neck, fleas might be the problem. Other parasites, including ticks, mites, and ringworm, can also prompt scratching, licking, or chewing.

**Allergies.** Just like people, cats may develop itchy, irritated skin if they’re allergic to something in their environment.

**Dry skin.** Dry winter air or nutritional inadequacies can contribute to flaky skin that gets your cat started licking or scratching for relief.

**Pain.** If you see your cat licking or biting at the same spot over and over again, she could be feeling pain or discomfort in that area.

**Boredom, anxiety, or compulsive disorder.** Compulsive chewing, scratching, or licking behaviors often develop in cats who are bored, stressed, or anxious. This is more likely in indoor cats, who may get less exercise and stimulation than outdoor cats.

Compulsive disorders often begin with changes in a cat’s environment, such as a move or a new animal or baby in the house.

What can you and your vet do about compulsive grooming behaviors? Here are some ways to address the problem.

**Get rid of parasites.** Because it can be hard to diagnose flea infestation in cats, take your cat to your veterinarian for a checkup. If fleas, mites, or other parasites are present, your veterinarian can recommend the right treatment for your pet. Taking care of these parasites can eliminate your cat’s problem behaviors.

**Change foods.** Putting cats on a six-week exclusion diet can help you determine whether food allergies are the problem. You may have to try several diets before you find one that works. Your veterinarian may prescribe certain fatty acids or other nutritional supplements if dry skin is to blame for your cat’s scratching and licking.

**Use medication.** Depending on how badly your cat has damaged her skin, your veterinarian may prescribe steroids, antihistamines, or antibiotics. If your cat’s compulsion is caused by psychological factors, a vet can prescribe clomipramine, an anti-anxiety medication, or amitriptyline, which helps fight anxiety.

**Address anxiety or boredom.** If you and your vet can find no physical cause for your pet’s behaviors, try to improve your cat’s state of mind. Make sure your cat feels safe, loved, and comfortable and is getting enough stimulation and exercise. You may find it helps to desensitize your cat by slowly and carefully exposing her to things she fears. Counter-conditioning—training your cat to associate something pleasurable, like a treat, with something she fears—may also help reduce anxiety.

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Puppy Love
Which breed is best for your family?

By Sandy Eckstein, WebMD Contributing Writer

Your kids have been begging for a puppy for years. You’ve been able to temporarily appease them with some fish or a hamster. But this time, only a canine will do.

Although many people are happy to get a mixed-breed puppy, others want to know a little more about what that cute ball of fur will look like in a year. If that’s the case, consider purebred dogs. How do you find the best one for your family? Gina DiNardo, assistant vice president of the American Kennel Club (AKC), offers these pointers.

Do your homework. Search the AKC website and look at the breeds that interest you. Determine exercise and grooming requirements, and the temperament and trainability of each. Once you’ve narrowed your choice down to a few breeds, talk to some experts who know these types of dogs. Attend a dog show and meet the breeders.

Consider the kids. Dogs that are highly trainable are usually eager to please and tend to be family-oriented, rather than attaching themselves to one person. For example, sporting breeds were once bred to work side-by-side with humans, taking direction from their owners. They’re also among the most popular family dogs, like golden and Labrador retrievers. Some of the herding breeds are highly trainable as well, such as German shepherds and collies. But, DiNardo says, “all breeds—if socialized properly and brought up with children—will be fine with kids.”

Assess your lifestyle. Think about your family’s activities and lifestyle. If you want a quiet, mellow pet, don’t get a dog that was bred for hunting. If you want a high-energy dog, consider the sporting, herding, and working breeds. Keep in mind that dogs bred to work usually need both physical and mental exercise, or they’re going to be unhappy. An unhappy dog can be a destructive dog. Be honest with yourself about how much time you want to spend on your new dog. Lots of dogs don’t require a great deal of exercise, but many others do.

Think about size. If you have young children, a larger, more durable breed might be best. When a small child pulls on an ear or steps on a foot, a large dog is more accepting of this kind of rough treatment.

Reviewed by
Mark J. Stickney, DVM
WebMD PET HEALTH EXPERT

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