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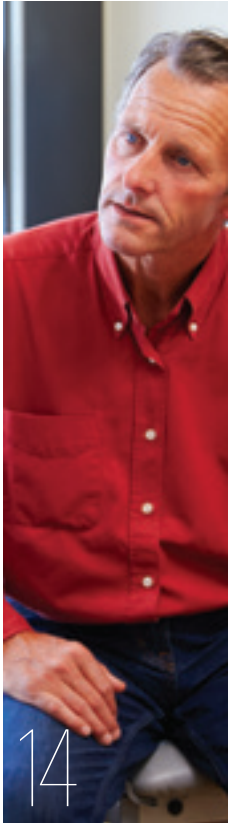


“PEOPLE IN OUR COMMUNITY OFTEN
EQUATE MENTAL ILLNESS WITH
CRAZINESS. IF YOU’RE DEPRESSED OR
ANXIOUS, YOU’RE NOT ‘CRAZY.’”



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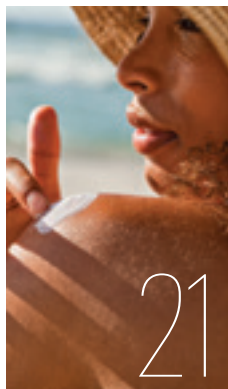
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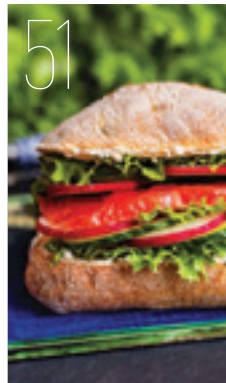
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At the time we are sending this issue of *WebMD Magazine* to print, COVID-19 is affecting the lives of patients and health care providers around the world.

Our thoughts are with those who are sick or whose families are affected. We extend our heartfelt wishes for a full recovery.

We also want to thank both the health care workers and the everyday people around the world who are helping in their communities to test, treat, and support each other.

We at WebMD have been working day and night to bring you the latest information to keep you informed during these challenging times. Here are some of the online resources our audience has found most helpful.

Your health and safety remain our top priority during this time.

Stay safe and well,

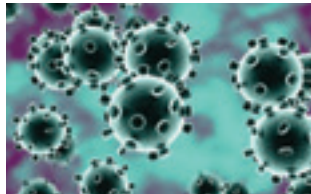
Kristy Hammam
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FROM THE WEBMD TEAM

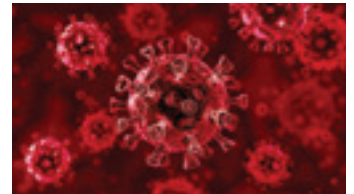
Coronavirus Outbreak Message to Our Readers

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Coronavirus 2020 Outbreak:
Latest Updates



Your **Top Questions** Answered



Expert Blog: Avoiding the
Coronavirus While Traveling



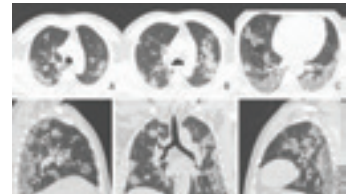
Video: How to Wash Your Hands



The Most Effective Ways
to Kill Coronavirus in Your Home



Sign Up for updates in our
exclusive coronavirus newsletter



Go to www.webmd.com/coronavirus for more

Correction: We made an error in a headline on the cover of the March/April issue. It should have read, "How to Defuse a Panic Attack."

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TOUCH



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MOTHER'S DAY

Healthy Moms

MOTHERHOOD IS A LIFE CHANGER THAT AFFECTS A WOMAN'S HEALTH IN SO MANY WAYS

GETTY IMAGES

45% Percentage of moms with kids younger than age 6 who say parenting tires them out. But only 26% of moms with teens say the same thing.

50% Percentage by which giving birth to one child lowers a woman's risk for multiple sclerosis (MS).

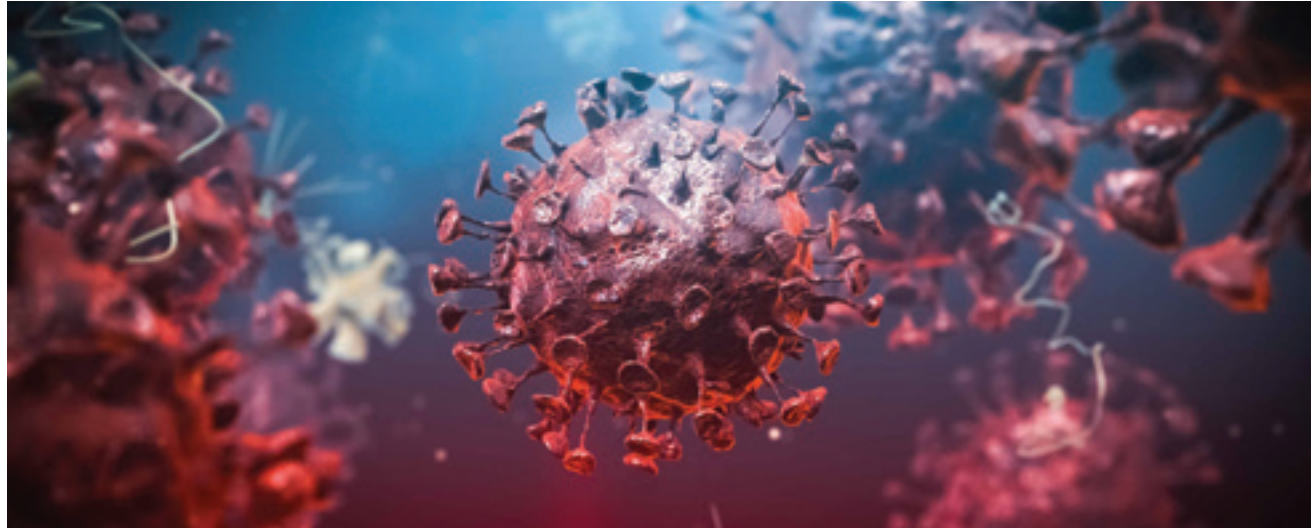
1.5 YEARS How much longer 60-year-old mothers live compared to women the same age without kids.

12% Percentage by which the risk for dementia is lower in women with three children compared to those with one child.

Coronavirus Basics

SOME KEY FACTS BEHIND THE VIRUS THAT CAUSES COVID-19

BY WebMD Editorial Staff **REVIEWED BY** Brunilda Nazario, MD, WebMD Senior Medical Editor



CORONAVIRUS DISEASE 2019, OR COVID-19, IS A DISEASE CAUSED BY A CORONAVIRUS, a common virus that causes a respiratory tract infection. It can affect your upper respiratory tract (sinuses, nose, and throat) or lower respiratory tract (windpipe and lungs).

Following a December 2019 outbreak in China, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes COVID-19 quickly spread around the world.

SYMPTOMS

If you're exposed and infected, it can take 2 to 14 days for symptoms to appear.

Early symptoms include:

- Fever
- Cough
- Shortness of breath

The virus can lead to pneumonia, respiratory failure, septic shock, and even death. A person may have mild, flu-like symptoms for a few days after exposure, then get better. But some cases can be severe or fatal.

TREATMENT

There's no specific treatment for COVID-19. People who get a mild case need care to ease their symptoms, like rest, fluids, and fever control. Those with severe symptoms need treatment in the hospital.

HOW IT SPREADS

The virus mainly spreads from person to person, usually when a sick person coughs or sneezes. They can spray droplets as far as 6 feet away. If you breathe them in or swallow them, the virus can get into your body. People who've been infected can spread the virus, even if they don't have symptoms.

You can also get the virus from touching a surface or object the virus is on, then touching your mouth, nose, or possibly your eyes.

If you're in an area where the virus is spreading, take these steps:

- **Wash your hands often with soap and water or clean them with an alcohol-based sanitizer.** This kills viruses on your hands.
- **Practice social distancing.** Stay home as much as possible. If you do have to go out, keep at least 6 feet away from others.
- **Don't touch your face.** Coronaviruses can live on surfaces for several hours. If they get on your hands and you touch your eyes, nose, or mouth, they can get into your body.

There's no need to wear a face mask unless your doctor tells you to. You will need one if you've been exposed to SARS-CoV-2 or have COVID-19, or if you're a health care worker or caring for someone who has it.

Clinical trials are underway in the U.S. and in China to test vaccines for COVID-19.

SERIOUS SIGNS TO LOOK FOR

IF YOU NOTICE THESE SEVERE SYMPTOMS IN YOURSELF OR A LOVED ONE, GET MEDICAL ATTENTION RIGHT AWAY:

- Trouble breathing or shortness of breath
- Ongoing chest pain or pressure
- New confusion
- Can't wake up
- Bluish lips or face



GETTY IMAGES

Coronavirus Q&A

QUESTIONS TO ASK YOUR DOCTOR ABOUT CORONAVIRUS

BY WebMD Editorial Staff **REVIEWED BY** Brunilda Nazario, MD, WebMD Senior Medical Editor

Q What should I do if I think I have coronavirus?

If you believe you may have COVID-19, call your doctor's office before you go. Alert them to the situation so they can prepare for your arrival. Do not just go to an urgent care or emergency room without calling first.

If your health care professional agrees you may have coronavirus, they will contact your state and local health departments. The CDC is supplying states with test kits. Each test result must be verified by the CDC before a diagnosis is confirmed.

Q Who gets coronavirus?

Anyone can get it, and most infections are mild. But if you aren't in an area where COVID-19 is spreading, haven't traveled from an area where it's spreading, and haven't been in contact with someone who has it, your risk of infection is low.

Q Who is most likely to have serious symptoms?

Older people and those with weakened immune systems or medical conditions like chronic bronchitis, emphysema, high blood pressure, heart disease, lung disease, cancer, or diabetes are most likely to get a serious illness and should take extra precautions.

Q How long does this virus live on surfaces or outside of the body?

A study found that SARS-CoV-2 (the new coronavirus that causes COVID-19) may last for a few hours or several days on surfaces

and several hours in the air under experimental conditions. It can last up to 4 hours on copper, up to 24 hours on cardboard, and up to 2 to 3 days on plastic and stainless steel. Using a simple disinfectant on all commonly touched surfaces is a good idea.

Q What should I do if I don't feel well?

Stay home. Even if you have mild symptoms like a headache and runny nose, stay in until you're better. This lets doctors focus on people who are more seriously ill and protects health care workers and people you might meet along the way. You might hear this called self-quarantine.

Q When should I call you?

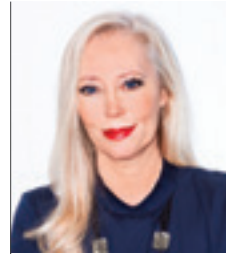
Call the doctor if you have a fever, cough, and trouble breathing. You need to get medical help as soon as possible. Calling ahead (rather than showing up) will let the doctor direct you to the proper place, which may not be your doctor's office. If you don't have a regular doctor, call your local board of health. They can tell you where to go for testing and treatment.

Q What is the outlook for people with COVID-19?

Every case is different. You may have mild, flu-like symptoms for a few days after exposure, then get better. But some cases can be severe or fatal.

Editors' note:
The information on this and the previous page was accurate at press time.
Find the latest updates on WebMD.com: www.webmd.com/coronavirus.





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IN THE NEWS

Heads Up

If you have a child, know a child, or nurse or care for a child, you need to be aware right now of a serious disease that affects children particularly severely—even ending in death. Far too many kids in the U.S. develop sepsis, and 7,000 die each year from the disease. Sometimes considered a condition that primarily strikes the elderly (which is a fact), sepsis still afflicts many kids who are too often misdiagnosed or not diagnosed at all. Sepsis stems from a bacterial infection; antibiotics can help knock it out but early treatment is critical. A big problem is that sepsis can be very difficult to diagnose, since many parents, doctors, and medical professionals don't know much about it or don't think to look for it. In **"Sepsis and Children," on page 43**, we explore how some clinics and hospitals are broadening education and awareness of this deadly condition. You'll also find a handy checklist, "Spotting Sepsis," that can apply to a child of any age—maybe to one you know. —Colleen



FEWER SMOKERS

The number of regular cigarette smokers in the U.S. is at an all-time low. About 13.7% of adults light up every day or almost every day.

SOURCE: CDC

PLANT POWER

Too much stress at work? Put a plant on your desk. When stressed-out office workers took 3-minute breaks while gazing at a small desktop plant, their heart rates dropped significantly more than when they took breaks without any plants in sight. After workers spent 3 weeks with a plant on their desk, caring for it throughout the day as needed, they reported lower levels of stress, anxiety, and fatigue.

SOURCE: HortTechnology

LIVE WITH PURPOSE

Having a purpose in life feels great. Literally. In a survey of 1,042 adults, those who said their life had meaning were more likely to feel well, both physically and mentally, on a daily basis than those who said they were searching for meaning.

SOURCE: The Journal of Clinical Psychiatry

82%

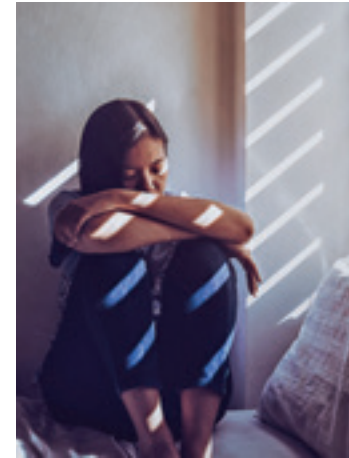
Percentage of adults who have seen or spoken to a health care provider in the last year.

SOURCE: CDC



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SPOTTING TEEN DEPRESSION



If your teen is depressed, would you see the signs? About 40% of parents say they aren't sure they could tell the difference between depression and the typical ups and downs of adolescence, a new study finds. Besides mood changes, including sadness and anger, depressed teens might lose interest in activities

they once loved; sleep too little or too much; lose their appetite or suddenly eat more, leading to a weight gain. They may also complain of unexplained aches and pains. If you're worried your teenager is depressed, talk to your pediatrician.

SOURCE: C.S. Mott Children's Hospital

38,000

Number of new HIV cases that occur in the U.S. every year.

SOURCE: CDC

MATH SMARTS

About those claims that boys are better at math than girls: They don't add up. While 104 kids, ages 3 to 10, watched an instructional math video, researchers looked at their brains on MRI. What they found was that the boys' and girls' brains operated in the exact same way as they absorbed the math lesson. On a standardized math test for kids ages 3 to 8, the boys and girls got similar scores.



SOURCE: Science of Learning

TEXTING HAZARD

Don't text and ... walk. In the last 20 years, an estimated 76,043 pedestrians went to the emergency room for head and neck injuries related to cellphone use.

SOURCE: JAMA Otolaryngology-Head & Neck Surgery

SLEEP AIDS

One in 12 adults takes medicine to help them fall or stay asleep four or more times a week. Adults take sleep aids more often as they age. Women use them more frequently than men.

SOURCE: CDC



YOUNG AT HEART

Thinking of running your first marathon? It could make your heart 4 years younger, says a study of 138 healthy first-timers. After their training and completion of the 26.2-mile race, the first-time marathoners saw decreases in blood pressure and artery stiffening that were equal to taking 4 years off their heart's age. The ones who saw the greatest benefits to their cardiovascular health were older, slower, male runners whose blood pressure was higher to begin with.

SOURCE: Journal of the American College of Cardiology

AGE PREDICTORS

Scientists at Stanford University analyzed blood samples from 4,263 people ages 18 to 95. They found 373 proteins that fluctuate with age. Changes in these protein levels not only indicate advancing age, but may contribute to age-related changes. The protein levels don't change at a constant pace over time. Instead, they change significantly around ages 34, 60, and 78.

Researchers used these protein levels to predict people's ages with high accuracy. And when the test suggested that someone was much younger than their true age, it turned out they were exceptionally healthy, too.

SOURCE: Nature Medicine

71%

Percentage of people who feel a hospital's religious affiliation should not dictate the care it provides.

SOURCE: JAMA Network Open



Walking Meetings

TAKE WORK OUTSIDE TO IMPROVE YOUR HEALTH

NUMEROUS STUDIES HAVE WARNED ABOUT THE DANGERS FROM TOO MUCH SITTING—including obesity, high blood pressure, heart disease, and premature death. Health experts say more movement is key to good health, but how do you increase your steps when you're stuck at a desk all day? Simply relocating meetings from the conference room to a walking path can increase physical activity by 10 minutes each week, according to a pilot study of office workers at the University of Miami. Ten minutes might not sound like much, but when you consider that walking just 15 minutes a day could add 3 years to your life, any added exercise is a boost to longevity. —STEPHANIE WATSON

WORK SMARTS
GETTY IMAGES

Therapy Update

WEIGH THE PROS AND CONS OF TESTOSTERONE THERAPY

BY Matt McMillen REVIEWED BY Michael Smith, MD, WebMD Chief Medical Editor

THE NUMBER OF MEN WHO TAKE TESTOSTERONE HAS DROPPED DRAMATICALLY in the past few years, in part because of growing awareness of the risks that may accompany it. Should you avoid it?

Testosterone, a hormone, helps men maintain muscle, bone health, libido, and the ability to perform in the bedroom. But beginning in their mid-30s, men lose an average of just under 2% per year. Eventually, that drop could lead to hypogonadism, or low testosterone. This happens to one in five men in their 60s, and the likelihood rises as men get older. Testosterone replacement treatment (TRT) aims to boost those low levels back up.

But TRT has had its ups and downs in the past 2 decades. From 2001 to 2013, prescriptions rose by 300% following marketing efforts that proclaimed it could restore energy, alertness, mental focus, and sexual function. Then, over the next 3 years, the number of men taking it dropped by half as studies revealed potential risks, particularly to heart health.

"I do see some men who are a more hesitant to take testosterone supplementation," says Michael Eisenberg, MD, director of the Stanford Male Reproductive Medicine and Surgery Program at Stanford Health Care in Palo Alto, CA. "We talk about the risks, as that's what we've gotten more

information on in recent years."

In 2014, the FDA ordered that a warning label must accompany TRT prescriptions, alerting men to the possibility that TRT increases the chances of heart attack and stroke. More recently, a study linked TRT to higher chances of venous thromboembolism, a potentially fatal type of blood clot.

And there are other concerns. Does TRT improve symptoms linked to low testosterone? In January of this year, the American College of Physicians released new practice guidelines that outlined the limited benefits men are likely to get from TRT. The doctors' group found that TRT offered slight improvements to sexual and erectile function; they found no other benefits.

Eisenberg says that studies of TRT's benefits and risks have had mixed results and provide limited answers. Does it improve fatigue, for example? It's unclear. "We counsel men that it's not clear whether TRT will help," Eisenberg says.

However, Eisenberg stresses that men with very low testosterone have a higher chance of developing heart disease, osteoporosis, and other problems if they go untreated.

"There are health implications for very low levels," he says. "It's very important to have an open discussion about the benefits and the risks of HRT."

Search for the article
**Testosterone Replacement
Therapy: Myths and Facts**
at WebMD.com.

ASK YOUR DOCTOR

Q Could something other than low testosterone explain my symptoms?

Yes. Low libido and erectile dysfunction, for example, have many contributing factors to rule out, including heart disease and psychological issues.

Q If I do start TRT, how long until I know it's helping?

Your doctor should confirm within six months or so whether TRT has improved your symptoms. If it hasn't, discuss ending treatment.

Q Will TRT affect my ability to father children?

Yes. TRT decreases sperm production. Stop therapy, and fertility likely will return. In a small number of men, infertility is permanent.

Q Can I do anything to elevate my testosterone naturally?

If you are overweight or obese, weight loss and, perhaps especially, exercise may help boost your levels without medication.





WOMEN'S HEALTH

Gender Gap

TESTS FOR MILD COGNITIVE IMPAIRMENT TEND TO DIAGNOSE WOMEN LATER THAN MEN

BY Sonya Collins

REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

MEMORY SLIP-UPS CAN BE A NORMAL PART OF GETTING OLDER.

They can also be side effects of medications, a temporary consequence of menopause, or early signs of dementia.

So, how can doctors tell what's normal? New research suggests it depends on your sex.

"Women have a verbal memory advantage over men that may allow them to compensate for Alzheimer's-related brain changes for longer than men," says Erin Sundermann, PhD, a researcher at University of California-San Diego and author of the new study.

Cognitive tests, which include remembering as many words as possible from a list, help doctors determine whether changes in a person's memory are cause for concern. If you score below a certain threshold, you might have mild cognitive impairment, or MCI. That's a decline in thinking skills beyond just normal aging. MCI can, but not always, progress to dementia.

The problem with the memory tests is that cut-off scores for MCI don't reflect that women tend to have stronger verbal memory than men.

In a study of 985 older adults, based on standard scoring, a quarter of the women and nearly half the men had MCI. But, based on sex-specific averages, just more than a third of both women and men had MCI.

4 LESSONS

ALZHEIMER'S RESEARCHER ERIN SUNDERMANN, PhD, SUGGESTS THAT WHEN WOMEN HAVE CONCERNS ABOUT THEIR MEMORY, THEY KEEP THESE THINGS IN MIND:

"There are other causes of memory changes besides Alzheimer's—your medications, menopause, how you feel on any given day."

"If you have concerns about your memory, it's very important to tell your doctor about them."

"Express the changes about how your cognition has changed over time as specifically as possible."

"If you have mild cognitive impairment, it doesn't necessarily mean that you are on the path to Alzheimer's disease. It's only a risk factor."

To figure out which scoring method gave the correct diagnosis, the researchers looked for plaque deposits in the brain that signal the presence of Alzheimer's. Women who had MCI based on sex-specific scores, but not based on standard scoring, had Alzheimer's-related plaques in their brains. Men who were normal by sex-specific standards had no plaques in their brains.

"With current scoring methods, we are diagnosing men at the right time, but we are diagnosing women later when the disease is more advanced," Sundermann says.

Researchers have to repeat this experiment in larger, more diverse groups before doctors change their scoring methods. Until then, Sundermann says, "Women should make their concerns about memory clear to their doctors since these changes might not show up on tests."



Search for the Women's Health Newsletter at WebMD.com.

GETTY IMAGES



Work Out With Your Dog

FOLLOW SOME DOS AND DON'TS FOR SAFETY AND MAXIMUM FUN

BY Kara Mayer Robinson REVIEWED BY Michael W. Smith, MD, CPT, WebMD Chief Medical Editor

NOT ONLY DOES YOUR DOG HAVE THE ENERGY AND ATTITUDE OF A PERFECT WORKOUT COMPANION, he also needs activity. Regular exercise is good for dogs' joints, digestion, and weight, and keeps health and behavioral problems at bay.

But how do you get a decent workout while keeping it safe? We asked a veterinarian and a physical therapist to weigh in.

DO: Make it interesting.

Walking and running are the obvious choice. They're an excellent cardio workout and many dogs love brisk walks or long runs. But you have other options.

"Hiking is an easy activity that most dogs can do," says Sara Ochoa, DVM, a veterinarian in Whitehouse, Texas. Big, active dogs often enjoy long hikes. But keep it short if your pup is old or small.

Yoga is great for small or older dogs because it's gentle on their joints. "Be aware of where your dog is, and don't be afraid to move yourself or your pooch to avoid awkward positions," says Jasmine Marcus, PT, a physical therapist in Ithaca, NY.

DON'T: Ignore signs of fatigue.

What feels like an easy workout to you may be too much for your pup. "Monitor your dog for limping or excessive panting," Ochoa says. "He'll let you know if it's too much or if he's hurt."

If your dog limps, whines, has trouble standing, or doesn't want to move, pull the plug. Watch for

signs of fatigue or heat stroke: panting, open-mouth breathing, vomiting, diarrhea, and lethargy.

Hitting the streets? Feel the pavement. Avoid it if it's hot to the touch.

DO: Be smart with a leash.

Your dog should only accompany you if he's good on a leash. "Make sure he's well trained and won't pull you off the path," Marcus says.

"Don't use a retractable leash," Ochoa adds. "They can break and your dog will run free. It's also hard to keep your dog at a good length."

Venturing out at night? Use a reflective or lighted leash so people and drivers in cars see you.

DON'T: Skimp on water.

Always carry water, even in cooler weather. Doggie gear like collapsible bowls and wearable water packs make it easy. Carry a small water bottle for each of you. Stash larger bottles in your car for post-workout hydration.

DO: Prepare to stop.

"Dogs don't always understand you're trying to get a long run or walk in, and will often stop to pee and sniff things," Marcus says. Be prepared and pay attention, or you may suddenly get pulled or trip.

"If your dog stops a lot, try alternating between fast and slow runs between stops so you get in a harder workout," she says.

4 TIPS

SMALL, YOUNG, AND OLDER PUPS MAY NEED SPECIAL ATTENTION.

SARA OCHOA, DVM, A VETERINARIAN IN TEXAS, SHARES A FEW POINTERS.

1. LIMIT YOUR MILEAGE.

If your dog is small, limit your distance. For every step you take, he has to take many steps, making him feel tired faster.

2. THINK TORTOISE, NOT HARE.

Older dogs often do best with slower walks. If you notice him getting more comfortable and fit from regular exercise, you can slowly bump up the pace.

3. WATCH FOR TROUBLE.

Be mindful. If your older dog ever has trouble after a run or walk, decrease the amount for next time—and maybe even skip a few days.

4. PREPARE YOUR PUPPY.

A puppy may be eager to go for a run, but he may need time to build up to long distances. If he seems unwilling to keep going, call it quits.



Hoarding Help

WHEN DOES A MESSY HOUSE CROSS THE LINE INTO A MENTAL HEALTH CRISIS? A HOARDING EXPERT IDENTIFIES THE TELL-TALE SIGNS—AND EXPLAINS HOW TO SAFELY INTERVENE.

BY Lauren Paige Kennedy

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



MAYBE YOUR AUNT'S HOME IS SO OVERRUN with magazines, canned goods, and random clothing, there's no place to sit down. Or, the elderly neighbor's every window is blocked by stacks of cardboard boxes filled with newspapers, making you fear not only for his safety but your own should a fire ever break out.

When does a messy house become a sign of mental illness? And, at what point should you stage an intervention?

According to Elaine Birchall, MSW, RSW, author of *Conquer the Clutter: Strategies to Identify, Manage, and Overcome Hoarding*, three criteria must be present to be defined as hoarding disorder (HD):

- Excessive accumulation and failure to discard proportionately things
- Impaired daily living because household spaces and appliances (stoves, staircases, bathtubs, etc.) cannot be used for normal activities due to clutter
- Distress, difficulty, and even danger while trying to function in and around these spaces

Notably, the person who hoards shares a similar level of risk with anyone who lives in close proximity to him or her, Birchall says. A fire risk, after all, doesn't disappear at the property line—your house or apartment is in danger, too.

In addition, "Even if a person who hoards insists the way they live is just fine," if a neighbor, fire department, other residents of a multiunit dwelling, or mortgage company would become alarmed if

they understood the true condition of the property, the hoarder has a problem—and needs help.

According to the International OCD Foundation, about 75% of people with hoarding disorder at the same time have a mental health condition, with 20% living with obsessive-compulsive disorder.

Birchall adds, "When people live through extreme deprivation, some go on to hoard *adaptively* as a reaction to their stressful experiences. This can be a healthy form of procuring an extra supply—if they use whatever they accumulate by a normal expiry date. But *maladaptive* hoarding, or compulsive hoarding, is the same behavior with a state of denial. They procure more and more with the belief they're somehow protected against a downturn, unemployment, or prices going up. It's to create an emotional safety zone."

Yet hoarding is the opposite of a safe behavior, Birchall warns. In addition to increased risk from injury and the concern of fire, she says hoarding attracts vermin, whose droppings can cause respiratory illness.

Know someone with hoarding disorder who needs help? Call for a professional assessment by a hoarding specialist, Birchall advises. Assessments explore the personal history, home environment, plus the emotional and physical safety of a hoarder to create a plan, often involving cognitive behavioral therapy. The International OCD Foundation website can help you locate therapists, clinics, treatment programs, and more in your area.

Search for the **Mental Health Blog** at WebMD.com.

BY THE NUMBERS

AT LEAST **154** million WORLDWIDE

Health experts estimate that 2% to 6% of the world's population has a hoarding disorder.

84%

Percentage of people with both OCD and HD who have a first-degree relative (parent, child, or sibling) who also hoards.

3X MORE common

HD occurs three times more often in older adults (ages 55 to 94) compared to younger adults (ages 34 to 44 years).

AGES **11 to 15**

These are the years when hoarding symptoms often first appear. If left untreated, HD can increase in severity with each passing decade.



SKIN CARE

From the Earth to the Moon

HAVE YOU HEARD THE NEWEST BEAUTY BUZZWORD? IT'S SPIRULINA, AND IT'S POPPING UP IN PRODUCTS FROM SERUMS TO CREAMS.

IF YOU'VE WALKED BY A COSMETICS COUNTER RECENTLY, you may have noticed a surge in products with spirulina. The trendy ingredient is a type of blue-green algae that jumped onto the radar when NASA chose it as a dietary supplement for astronauts on space missions. Why all the hype? "It has anti-inflammatory properties and may also have anti-cancer, antiviral, and anti-allergic effects," says Hadley King, MD, a dermatologist in New York City. But the key words, she says, are "may have." While some small studies, like one published in *Clinical Pharmacology & Biopharmaceutics* in 2015, suggest cosmetics with spirulina may help with water retention and repair, research is still limited. —KARA MAYER ROBINSON

Mama Mia!

YOUR MOM GAVE YOU YEARS OF TLC. WHY NOT RETURN THE FAVOR? WE ASKED **JORDANA HERSCHTHAL, MD**, A BOCA RATON, FL, DERMATOLOGIST, AND MOTHER OF THREE, FOR HER FAVORITE MOTHER'S DAY SKIN-CARE GIFTS.

BY Kara Mayer Robinson

REVIEWED BY Karyn Grossman, MD,
WebMD Medical Reviewer



1. GOOD NIGHT

Clinique Moisture Surge Overnight Mask \$36

"This intensely hydrating overnight mask is oil-free and safe for all skin types."

2. STAND FIRM

Alastin Restorative Neck Complex \$110

"This firming cream is packed with peptides and antioxidants to smooth wrinkles and decrease signs of sun aging. It's formulated with a higher lipid concentration needed for neck and décolleté skin."

3. BRIGHT EYES

Colorescience Total Eye 3-in-1 Renewal Therapy SPF 35 \$69

"This eye cream has peptides and antioxidants to help improve fine lines and discoloration under the eyes, a mineral sunscreen safe for the eyelids, and a mineral pigment that instantly brightens the under-eye area."

4. CLASSIC CHOICE

Olay Regenerist Regenerating Serum \$25

"This hydrating serum is packed with antioxidants to help soothe skin and regenerate collagen for smoother and brighter-looking skin."

5. ALL ABUZZ

Franz Premium Dual Face Mask System \$50

"This wireless microcurrent mask has patented technology to deliver key nutrients to the deeper layers of your skin. You can use it as part of your weekly routine or right before a big event."

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.

PHOTOGRAPHY AND BEAUTY STYLING: GABRIELA IANOU

Search for the article **Choosing Skin Care Products: Know Your Ingredients** at WebMD.com.

The Big Reveal

WHAT'S THE BEST WAY TO SLOUGH OFF DEAD SKIN TO REVEAL FRESH, GLOWING SKIN? WE ASK A DERMATOLOGIST TO TALK ABOUT DIY EXFOLIATION.

BY Kara Mayer Robinson

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

THE AVERAGE LIFE CYCLE OF A SKIN CELL IS 28 DAYS. Toward the end, dead cells move to the outer layer of your skin, making it dull and flaky. You can speed up the process and help your skin shed dead cells with exfoliation.

We asked **Rawn Bosley, MD**, medical director of Prism Dermatology in Southlake, Texas, for best practices.

Q Should I exfoliate my whole body or just certain areas?

BOSLEY "You can exfoliate most areas, but the rules vary. Be gentle with sensitive areas like your face, avoiding harsh chemicals and aggressive physical scrubs. For thicker skin on your elbows, knees, and feet, you can try more frequent exfoliation, scrubs, and brushes."

Q How often should I do it?

BOSLEY "A common mistake is too much, too soon. I recommend easing into exfoliation by starting one to two times a week, then working your way up to daily use. I also recommend starting with a gentle method before trying more abrasive methods. The key is to listen to your skin. You may be OK with daily exfoliation, but if you have sensitive skin, weekly may be better. The method you choose also makes a difference. Manual or physical exfoliation may cause mild sensitivity, which limits how often you can do it."

Q What's the difference between manual and chemical exfoliation?

BOSLEY "Manual exfoliation, which uses tools like scrubs, brushes, and sponges, works well because it directly loosens and removes dead skin. But if you do it too often

or too harshly, you may harm your skin. Chemical exfoliation is versatile, can be used on many areas of your body, and comes in different strengths. But chemicals that are too strong may cause skin irritation and sensitivity."

Q Which products do you recommend?

BOSLEY "Try mixing natural exfoliates like sugar and oats with natural oils or water to create a manual exfoliating scrub. For chemical exfoliation, try cleansers or lotions with gentle solutions of hydroxy acids like salicylic acid, glycolic acid, and lactic acid."

Q Can I go to a dermatologist for exfoliation?

BOSLEY "A dermatologist may recommend specific solutions for you. A dermatologist can also help rejuvenate your skin with in-office procedures like chemical peels, microdermabrasion, and dermaplaning."

Q When is it best not to exfoliate?

BOSLEY "Don't exfoliate compromised or damaged skin. If your skin is dry, it may cause more harm than good. If you have sensitive skin, avoid abrasive exfoliation. Be careful with retinoids, which increase the rate of skin cell turnover. Exfoliating too often while using a retinoid can irritate your skin."



4 TIPS

FOR SAFE, EFFECTIVE EXFOLIATION, TRY THESE TIPS FROM DERMATOLOGIST **RAWN BOSLEY, MD**,

BRUSH UP

If you're using an exfoliation brush, start with a soft bristle or silicone brush, which is gentle on your skin.

READ UP

Check the label on manual exfoliating products. Most scrubs and brushes tell you where the product is safe for use.

EASE UP

If you're using a chemical exfoliator, apply it gently. Apply it with a soft washcloth instead of something abrasive.

WAKE UP

Try exfoliating your face in the morning. It may boost the effectiveness of your skin-care products.



Sunscreen Safety

OUR EXPERTS WEIGH IN ON HEALTH CONCERNS AND WHICH SUNBLOCK IS THE SAFEST FOR YOUR SKIN

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

STAYING SAFE FROM THE SUN CAN SEEM LIKE AN INSURMOUNTABLE TASK. After all, sunlight is practically unavoidable, ultraviolet (UV) rays are invisible, and the damage often doesn't show up until years later. That might explain why skin cancer remains the most common kind of cancer despite the availability of effective sun protection strategies like sunscreen. Rates of melanoma, the deadliest form of skin cancer, continue to rise. And cases of non-melanoma skin cancer have risen 77% in the last 20 years.

"Multiple scientific studies have unequivocally demonstrated that sun exposure is the leading cause of skin cancer," says Susan Taylor, MD, an

associate professor of dermatology at the Perelman School of Medicine in Philadelphia. And even though the use of sunscreen is critically important in preventing skin cancer, Taylor says, people do not use it as recommended and continue to spend more time in the sun.

Complicating matters are recent concerns about the safety of certain sunscreen ingredients, and those concerns are putting many formulas under scrutiny. Last year, the FDA removed 14 of the 16 sunscreen ingredients from its GRASE (generally recognized as safe and effective) category. Those ingredients would require updated evaluation

about their safety to pass regulatory requirements. Specifically, the FDA is looking for more information on how much sunscreen your skin absorbs and what impact that can have on your body.

But does that mean that the ingredients in sunscreen are suddenly not safe? "I frame my answer by emphasizing that sunscreens have been used safely for many years without reported harmful effects," Taylor explains. "Given that, we acknowledge that science is evolving and we need to learn as much as possible about the safety of sunscreen. Removal of the 14 ingredients will force the execution of specific safety studies for those ingredients."

When it comes to sunscreen ingredients, you have two basic categories: chemical and physical. Chemical sunscreens absorb UV energy so it can't damage skin cells. Physical sunscreens reflect the rays so they can't penetrate the skin. The FDA has requested additional data for 12 ingredients, among them the two popular chemical filters: avobenzone and oxybenzone. The physical blocks titanium dioxide and zinc oxide have enough research to be considered safe and remain in the FDA's GRASE status. And while the FDA review process continues, you'll still

be able to buy over-the-counter sunscreens currently available.

In the meantime, for anyone concerned about the ingredients being evaluated, specifically avobenzone and oxybenzone, switching to physical (or mineral) sunscreens containing titanium dioxide or zinc oxide is a safer option, says David Leffell, MD, a professor of dermatology and surgery at the Yale School of Medicine. What is not an option, Leffell says, is going out in the sun unprotected. "The risk of getting skin cancer is a known risk. And this other concern right now is hypothetical."

DIRTY SECRET

"I only use makeup removing wipes to clean my face. Is that enough?"

LIMIT THE CLOTHS

"Makeup removing cloths are convenient—especially when you're traveling or tired—and using one is much better than sleeping with makeup on. But the convenience can take a toll if you make it an integral part of your regular cleansing routine."

ADD A RINSE CYCLE

"Many of these cloths contain surfactants, or cleansing agents, that can irritate the skin, damage the barrier, and dry out your skin. Since you don't rinse your skin after using them, these ingredients stay on your skin overnight. Leaving the cleansing ingredients on your skin for hours, you're setting yourself up for allergies, sensitivity, and irritation; and even increasing your risk of developing chronic inflammation over time."

MAKE A SPLASH

"While wipes get some of the makeup and dirt off your face, they are generally not as effective as washing the makeup and debris off your face using a soothing cleanser and water. In an ideal scenario, I recommend that my patients use gentle, pH balanced cleansing products and only use cleansing wipes when they don't have access to running water."

—Whitney Bowe, MD, dermatologist, New York City, author of Dirty Looks



GETTY IMAGES



“THE RISK FOR SKIN CANCER CAUSED BY ULTRAVIOLET RAYS IS WELL ESTABLISHED; THE RISK OF TOXICITY BY ORGANIC SUNSCREENS HAS NOT BEEN ESTABLISHED.”

Plus, the use of physical sunscreen can have other perks. “I am a big proponent of mineral-based sunscreen, or physical blockers,” says Seemal Desai, MD, a clinical assistant professor of dermatology at the University of Texas Southwestern Medical Center in Dallas.

Physical sunscreens are helpful in making sure those who have pigmentation disorders like melasma don’t develop allergic contact dermatitis or otherwise risk inflammation that could worsen their condition, Desai explains. “Chemical blocks are good. However, in some patients they can cause irritation, which you don’t see with physical blockers,” he says.

“There has been a lot of inaccurate and sensational reporting on the risk upon exposure to chemical ingredients in sunscreens,” says Maritza Perez, MD, a professor of dermatology at the University of Connecticut Medical School and senior vice president of the Skin Cancer Foundation. “These organic ingredients have been used for more than 2 decades and had been proven to be safe,” she explains. “The risk for skin cancer caused by ultraviolet rays is well established; the risk of toxicity by organic sunscreens has not been established.”

The reality is that you can’t escape the sun and, according to Leffell, the daily exposure adds up, damaging the DNA of the skin and setting the

stage for skin cancer, melanoma, and premature aging. That said, Leffell doesn’t advocate a life in the shadows. “You’re never going to, nor should you ever try to get zero sun exposure,” he says. “You have to be outdoors and exercise and enjoy life. So sunscreen is important because it provides one level of protection on sun-exposed areas and it can be extremely effective in reducing the mutations that are caused by the sun and lead to skin cancer.” You can also shield yourself with protective clothing, hats, sunglasses, and by seeking shade during hours of peak sunlight.

And just because you don’t burn, you’re not exempt from needing extra sun protection. “You don’t have to have a sunburn to get a skin cancer,” Desai warns. “UVA rays are skin cancer causing and they don’t typically cause burns.” He also explains that sunburn and cancer aren’t the only risks from UV rays. “You’re getting wrinkling and photodamage if you’re not protecting your skin,” he says.

“I tell my patients to think of sunscreen like your daily vitamin. It is something that should be part of your daily skin-care regimen,” Desai says. “Wearing sunscreen is something they need to be doing as a complete lifestyle.”



Search for the quiz **The Burning Facts About Sunscreen** at [WebMD.com](https://www.webmd.com).

AISLE DO

KISS-OFF

DRY, CHAPPED LIPS DON’T STAND A CHANCE AGAINST TODAY’S CROP OF SCRUBS AND SOOTHERS. FOR LUSCIOUS LIPS, TRY THESE BELOW.

PRODUCT PICK

Clinique Sweet Pots Sugar Scrub & Lip Balm (\$21) *“This is my personal favorite. There’s a sugar-based smoothing scrub on one side and a sheer moisturizing lip balm on the other. It’s gentle enough for delicate lip skin and reminds you to immediately hydrate your lips when you exfoliate.”*
Jennifer Holman, MD, dermatologist, Tyler, TX



PRODUCT PICK

QTICA Intense Overnight Lip Repair Balm (\$12) *“The rich, emollient texture is perfect for treating severely dry, cracked, and dehydrated lips overnight. It has honey, beeswax, vitamins, aloe, tea tree oil, and essential oils for intense lip hydration.”*
Austin Cope, MD, dermatologist, Tucson, AZ



PRODUCT PICK

Vanicream Lip Protectant (\$5) *“I like Vanicream lip balm, especially if you have sensitive skin. It’s free of lanolin, parabens, and fragrance, and increases vital moisture to your lips to help skin heal.”*
Aisha Sethi, MD, associate professor of dermatology, Yale School of Medicine



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TOGETHER TIME

Read Between the Lines

THE PRINTED PAGE BEATS E-READERS AND TABLETS FOR TODDLERS

ACCORDING TO NEW RESEARCH PUBLISHED IN *JAMA PEDIATRICS*, parents and their toddlers engaged more with one another when reading from old-fashioned, paper books than they did with electronic devices. When using digital tablets, the children pushed away their parents' hands, squirmed and pivoted their bodies, and closed the tablet with greater frequency. So, consider swapping blue light screens for a tactile, page-turning, printed reading experience before bedtime tonight. —LAUREN PAIGE KENNEDY

Early View

WHAT TO EXPECT AT YOUR FIRST ULTRASOUND

BY Stephanie Watson

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



ANTICIPATION IS A BIG PART OF PREGNANCY. You wonder what your baby will look like, and more important, whether he or she will be healthy. An ultrasound offers an early peek inside the womb, and a chance to learn a bit more about your baby's expected due date and well-being.

A first-trimester ultrasound is usually done 7 to 8 weeks from the first day of your last menstrual period, says Rebecca Jackson, MD, assistant professor of obstetrics and gynecology at the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia, PA. "The main thing is to confirm pregnancy dating to make sure we have an accurate due date, to make sure that we're able to see the baby's heartbeat, and to see if there's one, or more than one, fetus."

Your doctor can also use this test to screen for genetic problems, as well as to find any issues with your uterus or cervix. If you're anxious to learn the baby's sex, you'll have to wait a bit longer. The gender reveal, as well as more info about your baby's anatomy, will come at your next ultrasound, which happens between weeks 18 and 22 of your pregnancy.

The typical ultrasound creates a two-dimensional cross-sectional image of your baby. Some facilities advertise 3D and even 4D ultrasounds, which produce a more photograph-like image of your baby. These high-tech scans aren't necessary, but they may be preferable if you suspect your baby

has an abnormality like a cleft palate that's harder to see clearly with 2D imaging.

A prenatal ultrasound can be done in one of two ways—transabdominally (over your belly) or transvaginally (into your vagina). You may get a transvaginal ultrasound if it's very early in your pregnancy, because it produces a more accurate image of your still tiny baby.

For a transabdominal ultrasound, you'll come in with a full bladder. A full bladder tilts your uterus up and moves your intestines out of the way for easier viewing.

The technician will put some gel on a handheld device called a transducer and move it across your belly. The transducer releases sound waves, which bounce off the fetus's bones, fluids, and tissues to create an image of the baby in your womb. You'll be able to see your baby on a video screen.

During a transvaginal ultrasound, you'll undress from the waist down and put your feet up in stirrups, just like you would for a pelvic exam. The technician will cover the transducer with a condom-like sheath and lubricant before placing it inside your vagina.

Having an ultrasound during your pregnancy is important, because it can give your doctor a lot of information about your baby quickly. "It's very safe in pregnancy," Jackson says. "There's no risk." If the technician discovers any problems, you may need to come back for a second ultrasound or other tests.

Search for the article **Prenatal Ultrasound** at WebMD.com.

BY THE NUMBERS

1958

The year doctors performed the first ultrasound.

2

Number of ultrasounds, on average, women in the United States get during the course of their pregnancies.

120 to 160 BEATS PER MINUTE

A normal fetal heart rate.

75%

How accurate ultrasound is at determining the baby's sex in the first trimester.

100%

How accurate ultrasound is at determining the baby's sex in the second trimester.

GETTY IMAGES

Baby Talk

A WAY OF TALKING TO BABIES, NICKNAMED "PARENTESE," CAN GIVE YOUR INFANT A RICHER VOCABULARY AS SHE GROWS

BY Erin O'Donnell

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

Search for the article **Baby Talk: Communicating With Your Baby** at WebMD.com.

4 TIPS

IN ADDITION TO THE MAIN PARENTESE HABITS—SPEAKING AT A HIGHER PITCH, SPEAKING SLOWLY, AND EMPHASIZING VOWELS—THESE IDEAS CAN ALSO HELP BABY BUILD LANGUAGE SKILLS, SAYS LINGUIST **NAJA FERJAN RAMIREZ, PhD.**

1. MAKE CONVERSATION.

Respond to baby's babbles. This prompts him to coo more, and teaches him about conversation. "Babies learn that language is a social game that's back and forth," Ferjan Ramirez says. "They want to be just like us."

2. BUILD ON BABY'S FIRST WORDS.

Ferjan Ramirez encourages a technique called "scaffolding." Parents acknowledge what baby says, and then add on to it. "If baby is looking at a ball and says 'bah,' you respond by saying 'Oh, yes! That's a ball!'" As baby grows, add additional details: it's a green ball, say, or it belongs to the family dog.

3. CHOOSE TOPICS BABIES LOVE.

Speak directly to baby about topics that interest him, such as nearby toys. "If babies are overhearing talk about say, taxes or funerals, they're probably not learning," Ferjan Ramirez says.

4. USE CLOSE-UP MOMENTS.

Talk to your baby as you change his diaper and buckle him into his car seat. You're face-to-face, at "just the right distance for the baby to watch your face," Ferjan Ramirez says. "The best interactions occur when you're not doing anything else," she adds.

YOUR TINY INFANT MAY BE TOO YOUNG TO TALK, but the ways you speak to him now can help his language skills down the road.

Researchers have long known that babies benefit from hearing spoken language. "Children who hear more words are able to say more words," explains Naja Ferjan Ramirez, PhD, of the University of Washington, a researcher who studies language acquisition. But the quantity of words is only part of the story. When caregivers use speech habits known as "parentese," babies possess bigger vocabularies as they grow into toddlers, setting them up for academic success later, Ferjan Ramirez says.

Parentese isn't complicated. In fact, "many parents use this type of speech naturally," when talking to babies, she says. It involves using a higher pitch, speaking a bit more slowly, and emphasizing vowels. "It draws children's attention and makes it easier for them to break into language," Ferjan Ramirez says. Studies reveal that infants prefer listening to parentese over other types of speech and brain imaging shows that their brains light up in response to this way of speaking.

But Ferjan Ramirez stresses that parentese is not the same as baby talk, usually thought of as

nonsense words like "goo goo, gaa gaa," or "dipey wipye." "Parentese is fully grammatical," she says.

If parentese doesn't come naturally to you, Ferjan Ramirez says that parents can learn these speech habits. She recently conducted a study that divided parents of babies into two groups: half received coaching about parentese and its benefits, while the other half did not. The babies then wore recorders that captured all the noises they made and all the words they heard at home over a typical weekend. By the time they were 14 months old, babies whose parents were coached about parentese were significantly more verbal than those whose parents were not coached.

Parents might think that they can expose baby to more words by turning on the television or seating him near adults talking to each other. But this is unlikely to provide the same benefits as talking one-on-one with him, Ferjan Ramirez says. Still, baby doesn't need hours of parentese each day.

She encourages parents not to view parentese as a complicated obligation, but to make it part of daily routines. Talk with baby during bath time, grocery shopping, and diaper changes, for example. "Those day-to-day moments are really opportunities," Ferjan Ramirez says.





KIDS' HEALTH

The Nature Prescription

MOUNTING RESEARCH SHOWS EXPOSURE TO GREEN OUTDOOR SPACES CAN BOOST CHILDREN'S HEALTH, DECREASE STRESS, AND IMPROVE THEIR CAPACITY TO LEARN. NOW SOME DOCTORS EVEN PRESCRIBE IT.

BY Lisa Marshall
REVIEWED BY Roy Benaroch, MD, WebMD Medical Reviewer

WHEN PEDIATRICIAN ROBERT ZARR SITS DOWN WITH A PATIENT IN HIS BUSY WASHINGTON, DC, CLINIC, he often includes a surprising question amid the routine inquiries about eating habits and exercise: "What do you like to do outdoors, and is there a place you feel safe and comfortable doing it?" When that patient walks out the door, along with any needed medications, he or she often carries with them another kind of prescription: a precise, custom-made plan for spending time in nature.

"I use nature as my intervention and ask them to respond in a way that I know they are taking it seriously," says Zarr, who includes a "dose" (a 20-minute walk in the park; a cellphone free half-hour under a backyard tree) and a frequency (two to three times per week) in every scrip. He also texts it to the patient or parent and asks them to confirm online when they've "filled it." More than 60% heed his advice.

5 TIPS

1. Schedule 20 minutes, three times per week to sit or move in a natural setting. Research shows that dose alone lowers levels of the stress hormone cortisol.
2. Ask your doctor about offering a nature prescription to your child.
3. Look for schools that incorporate outside time into their lessons and place desks with views of green spaces if possible.
4. Join or start a Family Nature Club in your area.
5. Skip the gym or recreation centers and, when possible, exercise outdoors. Some studies show it confers additional benefits, especially for mental health.

GETTY IMAGES

"As a result, my patients are moving more, losing weight, and feeling less depressed and anxious," he says.

Zarr is among a growing number of clinicians and educators turning to Mother Nature for help in addressing widespread obesity, chronic illness, depression, and behavioral problems among youth. Fifteen years ago, bestselling author Richard Louv coined the phrase "nature deficit disorder" to describe a group of childhood health problems suspected to result—at least in part—from detachment from the outdoors. The then-controversial idea is now gaining scientific traction.

More than 400 studies have shown a connection between exposure to green spaces and better health, including healthier weight, lower stress levels, better vision, and a stronger immune system. In August, the journal *Frontiers in Psychology* published a 138-page e-book documenting dozens of studies linking green-space exposure to better learning and cognitive development among children.

"We have reached a tipping point with the research," says co-editor Ming Kuo, director of the Landscape and Human Health Lab at the University of Illinois. "As a mom who knows the scientific evidence, I feel ethically bound to let other parents know nature really is important for kids."

The science behind nature-based learning

Precisely how the outdoor world fuels better learning remains uncertain, but one prevailing theory suggests it gives the brain a break from the drudgery and fatigue of indoor work.

"The best antidote to too much close work or computer work is to pay a different kind of attention, and the best way to do that is to go outside," says Louv, author of *Last Child in the Woods* and co-founder of the nonprofit Children and Nature Network.

One recent study looked at Chicago third-graders over 10 weeks and found that when they had a lesson outside and came back into the classroom they paid more attention and required less discipline. Others have found similar results in kids with emotional, cognitive, or behavioral disabilities like ADHD.

Another study, of 94 high school students, found that those who simply had views of outdoor greenery performed better on tests of concentration. Other research has shown that children who grow up with better access to outdoor green spaces do better on standardized tests. And one recent brain imaging study of 253 schoolchildren found they also have larger brain regions associated with working memory and attentiveness.

"If you unplug and you get out in nature, it forces you to engage different senses—the sounds of water, the smell, the visual inputs—and that engages different parts of your brain," Zarr says.

How nature makes you healthier

Then, there are the stress-reducing effects.

Students with regular exposure to nature—whether that's a weekly field trip to a forest or plants in the classroom—show decreases in heart rate, healthier levels of the stress hormone cortisol, and less self-reported anxiety.

They also tend to move more, Zarr says, which can prevent weight gain. One eight-year study of 3,000 children living in southern California found that those who lived closer to parks had lower Body Mass Indexes (BMI). The BMI takes into account a child's height, weight, age, and sex to help categorize them as normal weight, underweight, overweight, or obese.

Research has also shown that children who spend more time outdoors are less likely to develop myopia (near sightedness), an increasing

BY THE NUMBERS

4 TO 7 MINUTES

Average amount of time per day that children spend doing unstructured outdoor play. But they spend 7.5 hours in front of electronic screens.

56%

Percentage of adults who spend 5 hours or less outside each week.

1 IN 5

Number of kids who play outside only once a week or less.

35% LESS

Percentage of time American children spend playing outside compared to their parents did when they were kids.



problem in the digital age. And they're exposed to more friendly bacteria, which may play a role in boosting immune function long-term.

In the end, they also tend to live longer, several large recent studies have shown.

Finding nature where you are

So what exactly does it mean to spend time in nature?

"When we say nature, most people think hiking in Yosemite, but that is not actually what we mean," stresses Kuo, noting that simply opening the blinds onto a green area, walking to school in the morning, or visiting an urban park can have an impact. "Every little bit of access you can give your kids helps."

Zarr's organization, Park Rx America, now boasts more than 700 member practitioners nationwide, who use his online platform and app to develop nature prescriptions and help patients find safe nearby green spaces where they can carry them out.

Meanwhile, the number of nature-based preschools in the United States has increased by about 500% in recent years, Louv notes, and "family nature clubs," which allow city-dwellers to get together for field-trips are blossoming.

"Natural life is everywhere, even in the most densely populated urban neighborhoods," Louv says. "It can be in the cracks between the sidewalk or the birds and animals in the city park. We just need to make an effort to pay attention to it."

Search for the Parenting Newsletter at WebMD.com.

Don't You Dare!

VIRAL THREAT OR PARENTAL HYSTERIA? HERE'S WHAT YOU NEED TO KNOW ABOUT INTERNET CHALLENGES—AND WHY EVEN THE SMARTEST KIDS ARE SUSCEPTIBLE TO THEM.

BY Lauren Paige Kennedy

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

OVER THE PAST FEW YEARS, INTERNET CHALLENGES THAT COAX TWEENS and teens to do things like glue their lips together, eat laundry detergent pods, and even douse themselves with rubbing alcohol and set themselves ablaze have garnered national attention. And in the process, they have frightened their often less tech-savvy parents, who may be one step behind when it comes to their digital usage.

How big of a threat are such pranks? Can parents police them? And, in their efforts to spread the word to warn other parents, are adults inadvertently helping dangerous online challenges to go viral?

According to Adam Pletter, PsyD, a child psychologist based in Bethesda, MD, who specializes in addressing today's digital issues through online workshops called iparent101, these kinds of teenage dares appear on apps and platforms with heavy kid traffic, such as Snapchat, TikTok, WhatsApp, and YouTube—basically, anywhere teens gather for messaging or social media.

"I compare them to chain letters of yore," he says. "They involve some type of scary or exciting set of tasks a kid is instructed to do."

Much like after receiving a chain letter, "a teen might ask himself, 'Is this something I want to do? What happens if I don't?'" Magical thinking comes

into play. It creates a level of anxiety that even the strongest of teens has a hard time brushing off. They think, 'If I don't do this, something bad will happen.' Teens are more susceptible, reactive, and emotional. And it's all by design," he says.

That's because brain development in teens is still very much a work in progress.

"A teen's frontal cortex—the thinking and executive function part of the brain that's responsible for prioritizing and critical thinking—is underdeveloped until age 25 or so. There's a lack of judgment," Pletter explains. "However, the *emotional* part of the brain—the amygdala—is overactive by design, because teens need to go out and seek information. It's part of evolutionary purpose for survival. They're learning about themselves and the world so they can be safe and successful in it."

Throw in an unending supply of information at their fingertips, plus the chase for "likes" and old-fashioned peer pressure, and you have a recipe for lack of impulse control, even among the smartest, most responsible kids.

"If you ask a kid on his or her own if they would ever do these types of internet dares, with very few exceptions, most would, without question, say, 'No. Never,'" Pletter adds. "Don't assume they won't. Force a dialogue *now*—before they're tempted to put themselves in harm's way."



Search for the Parenting Message Board at WebMD.com.

4 TIPS

CHILD PSYCHOLOGIST ADAM PLETTER, PsyD, ADVISES PARENTS TO ADDRESS THE THREAT OF INTERNET CHALLENGES WITH CONTINUAL, PRE-EMPTIVE CONVERSATIONS WITH KIDS—AND WITH SPECIAL PHONE SETTINGS.

1. KEEP TALKING

"Create a contract detailing their internet usage, then have ongoing discussions as time goes on," Pletter says. This means outlining the acceptable amount of screen time and app and digital platform usage, and explaining why internet challenges must always be discussed with parents before a child is allowed to act.

2. KNOW GOOD VS. BAD CHALLENGES

Remember the "Ice Bucket Challenge" that launched in 2014? Pletter reminds parents that not all internet dares are out to endanger your kids. "What you want is dialogue with your child. Tell them you expect them to talk to you about what they're being exposed to online."

3. SET UP FAMILY SHARING

"If you're an Apple family, set up family sharing through Settings, so you know every app that's downloaded onto a child's phone, plus a kid's privacy settings. Be open about it. It teaches your child how to regulate."

4. DON'T PANIC

Pletter wants parents to keep internet challenges in perspective; kids getting hurt is uncommon. He also advises against posting warnings to other parents. "Sometimes just talking about them actually amplifies them," he says, helping them to go viral.



Declining Dinner

WHEN YOUR PET STOPS EATING, UNDERLYING MEDICAL ISSUES COULD BE TO BLAME

BY Jodi Helmer

REVIEWED BY Will Draper, DVM,
WebMD Medical Reviewer

WHEN A DOG THAT NORMALLY COMES running at the sound of kibble hitting the bowl loses interest in eating, pay attention.

Appetite loss is common in dogs and cats, according to Heidi Cooley, DVM, a veterinarian at Banfield Pet Hospital in Vancouver, WA. Some dogs lose interest in their regular kibble, have an upset stomach after eating a midnight snack from the trash, or skip meals during stressful times like moving. Their appetites often return if you switch their food or give their stomachs time to settle.

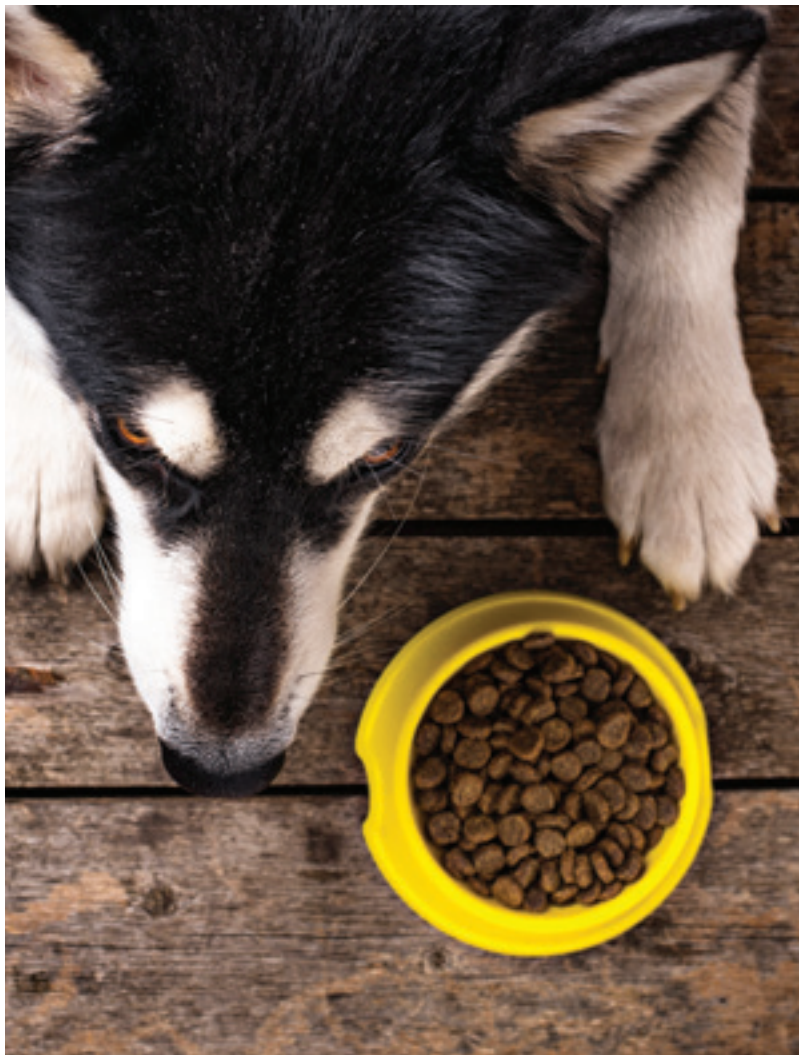
Cooley suggests paying attention to your pet's normal eating habits so you can recognize changes.

"Signs of appetite loss can look different for each pet," she says. "Some pets prefer to eat once a day and can go longer periods of time between meals, while others eat multiple times a day and a 12-hour period without food could impact their health."

Make an appointment with your vet if your dog goes longer than a day or two without eating and refuses his favorite treats or tempting items like hot dogs.

"Your veterinarian can help you determine if there are any underlying medical issues that need to be addressed," she explains.

During a physical exam, your vet will check for injuries and other potential causes for appetite loss and might recommend further testing such as bloodwork to look for things such as diabetes or kidney disease; fecal exams to rule out parasites; and



X-rays to see if your pet swallowed something that is causing gastrointestinal distress. Your vet will also check for signs of dental disease, which can make eating uncomfortable.

The treatments for appetite loss range from a new diet to medications or surgeries to treat parasites, infections, or intestinal blockages. Cooley says that treating the underlying cause of appetite loss should send your pet, tail wagging, right back to their food bowl.

4 QUESTIONS

PET NOT EATING? **HEIDI COOLEY, DVM**, SUGGESTS SOME TOPICS TO BRING UP WITH YOUR VET.

Q When should I call the vet?

Make an appointment if your pet refuses to eat or you notice any changes in their eating habits. "In pets less than 10 pounds, a lack of appetite could lead to illness more quickly," Cooley says.

Q What other symptoms should I watch for?

"If your pet is exhibiting additional symptoms, including lethargy, vomiting, or diarrhea, they should be seen by a veterinarian right away," she says.

Q Do I need to switch pet foods?

Your vet might recommend offering a bland diet like boiled chicken and rice to deal with acute stomach upset or switching to a prescription diet if a medical issue like pancreatitis or kidney disease caused appetite loss.

Q Why is appetite loss more serious for cats?

Cats can lose weight rapidly, increasing the risk of liver failure. "Lack of appetite [in cats] requires immediate medical attention," Cooley says.



PHOTOGRAPHY BY: AUSTIN HARGRAVE/AUGUST

NOT JUST A
TOUGH
COOKIE

TARAJI P. HENSON FIGHTS FOR BETTER MENTAL
HEALTH AWARENESS IN THE BLACK COMMUNITY

BY GINA SHAW
REVIEWED BY AREFA CASSOQBHOY, MD, MPH,
WEBMD SENIOR MEDICAL EDITOR

Don't call Taraji P. Henson a "strong black woman." Her portrayal of the ultimate strong black woman, Cookie Lyon, in the hit Fox series *Empire* may have garnered Henson a Golden Globe award and two Emmy nominations, but she has *words* about that archetype. And miss her with "black girl magic," too, while you're at it.

"People expect black women to be strong. We're invincible. We're magical, majestic, something other. You can shoot us down and plow us over, and we'll still be a beacon for our people," she says. "No, if you shoot me I'm going to bleed out and die. Ain't no black girl magic in that. Why can't we just be human?"

Being human and vulnerable, and needing help, is exactly what Henson is trying to draw attention to as she speaks out about the mental health issues, including depression, anxiety, and suicide, facing the black community.

She founded the Boris Lawrence Henson Foundation, named in honor of her father who suffered mental health challenges after his service in Vietnam, to help address those issues.

The foundation combats the stigma surrounding mental health in the black community and increases access to culturally competent therapists through its BLHF Resource Guide and scholarships for students of color interested in psychology. In a pilot project aimed at providing mental health support in urban schools, BLHF has partnered with PROJECT 375 to provide Youth Mental Health First Aid Training and trauma-informed curriculum workshops in eight public schools in Washington, DC.

AN UNMET NEED

Black Americans use mental health services at about half the rate of whites, according to the National Alliance on Mental Illness. And a national survey found that suicide attempts among black adolescents rose by 73% between 1991 and 2017, even as such attempts fell for all other ethnic groups. "It's a national crisis. We're passing down trauma and dysfunction, generation after generation," Henson says. "But we're not getting the help we need, because we were taught to hold our problems close to the vest out of fear of being further demonized as weak or inadequate."

Destigmatizing mental health in the black community and making culturally competent therapists available is essential, says Angela Neal-Barnett, PhD, director of the Program for Research on Anxiety Disorders among African Americans at Kent State University in Ohio and the author of *Soothe Your Nerves: The Black Woman's Guide to Understanding and Overcoming Anxiety, Panic, and Fear*.

"Getting help can mean the world,

"We're not getting the help we need because we were taught to hold our problems close to the vest out of fear of being further demonized as weak or inadequate."

BOTTOM LEFT: GETTY IMAGES/ALEX WONG; TOP RIGHT: AF ARCHIVE/ALAMY STOCK PHOTO; MIDDLE RIGHT: GETTY IMAGES/FOX; BOTTOM RIGHT: ENTERTAINMENT PICTURES/ALAMY STOCK PHOTO



TOP HENSON IN *HIDDEN FIGURES*
MIDDLE WITH TERENCE HOWARD IN *EMPIRE*
BOTTOM HENSON IN *WHAT MEN WANT*
FAR LEFT HENSON TESTIFYING BEFORE CONGRESS TO ADVOCATE FOR MENTAL HEALTH PROGRAMS IN SCHOOLS

can make the difference between suffering with depression or anxiety for 10 or 20 years or only experiencing it for 6 months. People in our community often equate mental illness with craziness. If you're depressed or anxious, you're not 'crazy.' You're depressed or anxious, and we can help you with that, the same as a doctor would help if you had pneumonia or a heart attack," Neal-Barnett says.

Henson knows that all too well. Her powerhouse career has inspired many young black women and men—from her 2001 breakthrough in the film *Baby Boy*, to her long-running role as Detective Joss Carter in the sci-fi crime drama series *Person of Interest*, to her epic performance as NASA scientist Katherine Johnson in the film *Hidden Figures*. In 2016, she released her best-selling autobiography, *Around the Way Girl*, and was named one of *Time* magazine's 100 most influential people. But as her professional life was skyrocketing, Henson was struggling.

It started with the February 2012 death of 17-year-old Trayvon Martin, a black high school student shot by neighborhood watch volunteer George Zimmerman while walking home carrying an iced tea and a package of Skittles. Henson's son, Marcell, was 3 years younger than Martin at the time—and she became increasingly overwhelmed by anxiety.

"I became very concerned for my son. For all my loved ones. I became aware that this would be an issue I would be dealing with for the rest of my life," she says.

And the litany of young black men killed by police or armed civilians in the years since Martin's death constantly runs through her mind: Tamir Rice. Philando Castile. Oscar Grant. Botham Jean. She worries about Marcell as well as her husband, retired football player Kelvin Hayden, with whom she tied the knot in April. "I wake up in the middle of the night and I can't go back to sleep. I'm constantly waiting for the phone call. If I can't reach my son on the phone, I think they shot him. Anxiety is something I work on every day because I have black men in my life who I love."

FINDING HELP FOR HERSELF

And that's why she has no patience for the "strong black woman" trope. "My life was going well, and bigotry and racism intervened and now it is forever changed. Don't make me strong behind it. You're not allowing me my process. My rage. Instead,

let's start a conversation and stop walking on eggshells.”

Part of that conversation, Henson says, is the way that the mental health field fails to meet the needs of the African American community. With all of her resources, it took Henson years to find a therapist who could help her. “I went through quite a few bad ones, where I’d leave feeling worse than when I went in,” she says. “I was talking to my friend Gabby [actress Gabourey Sidibe] about it, and she said, ‘You need to go see my doctor.’ I fell in love with that woman, and I’m still asking her to marry me. She forces me to hear myself. She gets it.”

Through her foundation, Henson aims to connect others with culturally competent therapists like hers. “We have a curated list of therapists from all over the country who get our issues, and it’s going to keep growing because therapists have also been looking for something like this. They don’t have to be black, but they do have to understand, to be sensitive,” she says.

Art has imitated life this season on *Empire*, as Cookie has also sought therapy. “Cookie’s human and Cookie needs help, too,” Henson says. “And people are invested in characters, so I hope someone will think, ‘If Cookie can go to therapy, maybe it’s OK for me to do it.’ People fear that going to therapy says that something is wrong with them.

“Well, yes, something is wrong with you! You’re trying to function through trauma. Go and work on it with somebody who can help you find the change you’re looking for.”

WHAT’S NEXT

The past few years have been a revolution in self-care for Henson. In addition to working on mental wellness with her therapist, she’s transformed the way she eats after a scary bout with gastritis, an inflammation of the stomach lining. She’d been having nagging digestive symptoms for years, the result of years of gulping coffee first thing in the morning.

“I drink coffee very rarely now, and my diet is 90% plant-based,” she says. “I do allow myself chicken and seafood—seafood is my thing!”

With *Empire* in its final season, Henson is also diving into new ventures, including the TPH hair line she’s been working on for more than a decade, launched at Target in January.

“I was having issues keeping my scalp clean when my hair was underneath a weave. Everyone focuses on hair care, but not on scalp care,” she says. “How do you get product through braids or an extension to your scalp? So I created a tri-touch applicator that is thin enough to get through the weave and get to your scalp. And from there, I’ve branched off into 25 other products that take care of all types of hair.”

After the final episode of *Empire* airs this month, what’s ahead for her? “This show is going out with a bang,” she promises. “You’re going to be in your feelings, that’s the *Empire* way. I’ve got some exciting things coming up after that, but I can’t say anything yet. I’m looking forward to life after Cookie, though. While it’s been wonderful creating someone so iconic, it’s bittersweet. She gets on my nerves. She’s a lot! And I’m a character actress, so I’m always looking for the next character.”

But the foundation remains her passion. “I may not be able to fix the mental health crisis among black people in this lifetime, but I know I helped get the ball rolling. I feel like people were waiting for this so they could be set free. All it takes is one. Then you don’t feel so alone.”

Finding a Therapist Who Gets You

If Taraji P. Henson has inspired you to consider seeking mental health care, what do you need to know to get started? Clinical psychologist Erlanger “Earl” Turner, PhD, an assistant professor of psychology at Pepperdine University in the Graduate School of Education and Psychology and host of the mental health podcast “The Breakdown with Dr. Earl,” has tips:

You don’t need a diagnosis to work with a therapist. “A number of my patients do not have a diagnosis like anxiety or depression. They come to work with me on daily stressors, relationship problems, and other life issues.”

Therapy doesn’t have to be a long-term commitment. “Many people assume that they have to see a therapist every week, or that they’ll have to commit for 6 months or a year. Not necessarily so. Therapy is about getting you to a place where you feel like you have the skills to manage the things you’re dealing with. There is no firm timeline for that.”

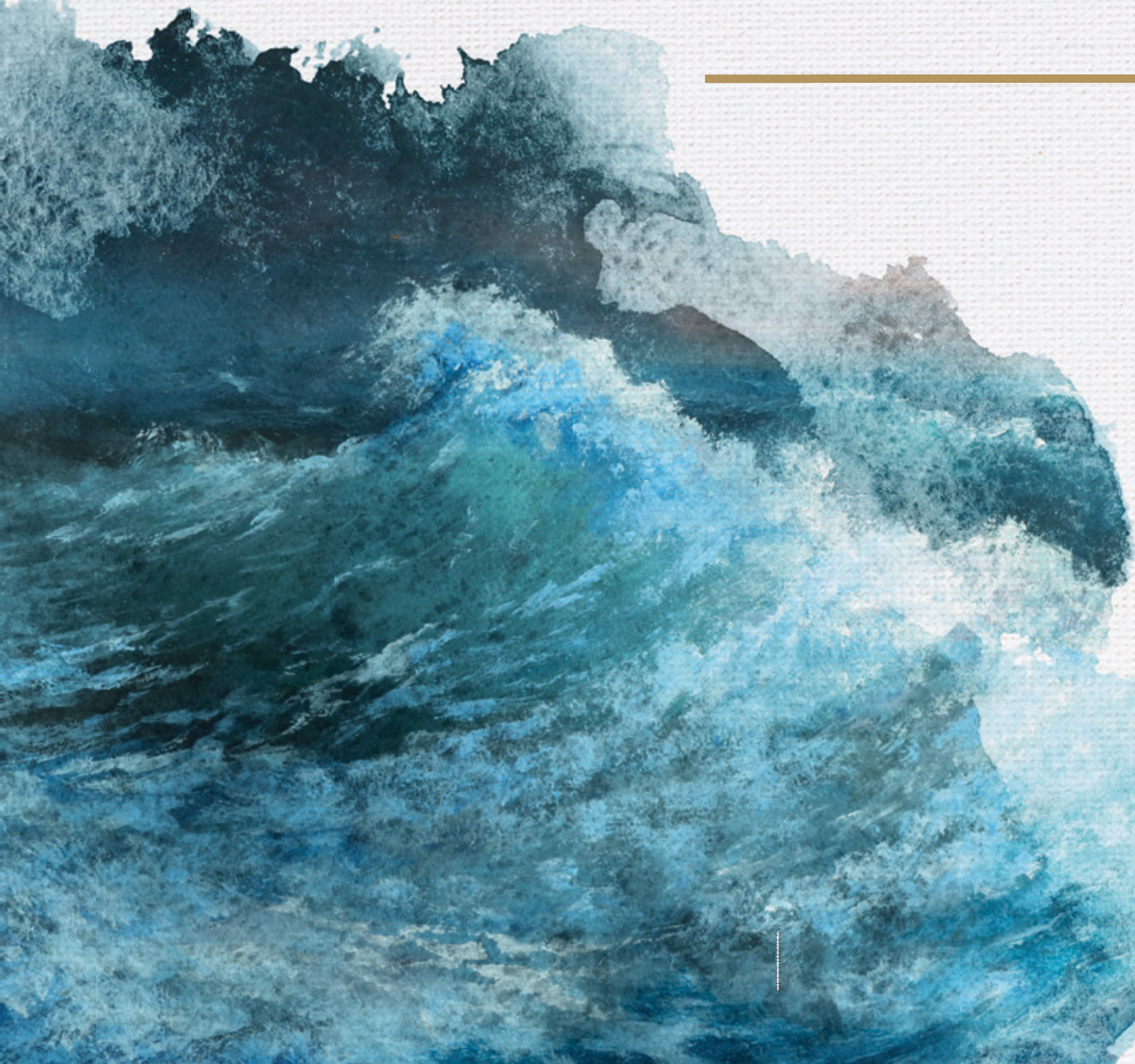
It’s OK to ask about financial options. “Therapy can be expensive. Some therapists have sliding scales based on income, and those may not always be advertised on their websites. Bring that up when you’re talking to a therapist.”

Interview your therapist before starting treatment. “The small number of black professionals in fields like psychology and psychiatry means that not everyone will be able to find a therapist who ‘looks like them.’ Ask therapists how much training and experience they have working with people from your background, and on your specific issues.”

“Anxiety is something I work on every day because I have black men in my life who I love.”



PHOTOGRAPHY BY: MATTHEW BROOKS / TRUNK ARCHIVE



Like Being *in an* Ocean

THE MANY WAYS TO GRIEVE

New research shows that how people go through grief after loss differs widely from person to person— with no one way that fits all.

BY: LISA MARSHALL
REVIEWED BY: NEHA PATHAK, MD,
WEBMD MEDICAL EDITOR

 Search for the slideshow **How Grief Can Affect Your Health** at [WebMD.com](https://www.webmd.com).

Around 2 a.m. on April 28, 2016, Cathy Semeria made a call no mother should ever have to make.

Her son Nick had been awoken by a friend with troubling news of a fatal crash the night before that involved five University of Georgia students—possibly including his sister Christina. Nick urged his parents to call Athens Regional

Medical Center near where she went to school. Hands shaking, Cathy dialed the number.

“I said, ‘You just need to let me know that my daughter is OK,’” she recalls. “There was total silence on the other end.”

She threw the phone at her husband and collapsed in disbelief.

In the coming days, as news unfolded about the accident that killed 19-year-old Christina Semeria and three friends and left another critically injured, Cathy waded through waves of shock and daze. At first, she couldn’t cry. “Was that normal?” she asked herself. Six weeks later, she started crying and couldn’t stop.

A year later, she still bristled when well-meaning friends suggested her daughter “would want her to be happy.” And she often replayed the details of the accident in her mind: No drugs. No alcohol. No speeding. Yet their car drifted across the center line. Why?

Today, she has found solace in her community, and through carrying on “Tini’s” legacy via social media. But when a friend of her daughter—the youngest of her four children—gets married or graduates from college, the pain pulls Cathy under again.

“Grief is like being in an ocean and you don’t know when a wave is going to hit you, or how high it is going to be, or how long you are going to get caught in the riptide,” she says.

While Cathy’s journey may sound familiar to some, it is—new research suggests—wholly her own.

Fifty years after psychiatrist Elisabeth Kubler-Ross introduced the now iconic five stages of grief—denial, anger, bargaining, depression, and acceptance—scientists in the growing field of bereavement research say it’s not so simple.

Men grieve differently than women. Soldiers grieve differently. More than 60% of people, recent research shows, bounce back surprisingly quickly. But about a quarter take a year or two, and one in 10 have what is known as “complicated grief”—a persistent, debilitating yearning that can last years.

Grief changes the body in different ways, too: People who grieve longer have different brain activity, different hormone patterns, and a higher risk of bereavement-related health problems.

“There has been this idea in the past that grief proceeds in the same somewhat lockstep sequence for everyone,” says David Feldman, PhD, a professor of counseling psychology at Santa Clara University in California. “We now know it just doesn’t work that way. People often attack themselves for doing grief wrong when, really, we are all entitled to our own way.”

The truth about the five stages

David Kessler, who co-authored several books with Kubler-Ross, says her work has been “widely misunderstood.”

He notes that when she introduced the stages in the 1969 book *On Death and Dying*, they were intended to describe the emotional process of a *dying* person at the end of life.

In 2004, *On Grief and Grieving* was published. The book, authored by Kessler and Kubler-Ross (who passed away before the book’s publication), formally adapted the stages to the bereaved, and the authors included an often overlooked notice on page one.

“We explained that they are tools to help us frame and identify what we may be feeling, but they are not stops on some linear timeline,” Kessler says.

That said, he still uses the stages in his workshops and on his website, grief.com, to describe what many go through.

Denial, which sometimes shows up as shock, helps us pace our grief, he says, letting in only as much pain

as we can handle. Anger is “pain’s bodyguard,” letting have connections without being too vulnerable.

“A connection made through the strength of anger feels better than nothing,” he says.

Bargaining helps us make a plan to climb out of grief—we’ll volunteer in our loved one’s name or vow to live our own lives more fully. Depression is a given, he says, once we let the reality of the loss sink in. Then there is acceptance.

“Not everyone goes through all the stages, and they are not in any prescribed order,” Kessler stresses.

The broad spectrum of grief

George Bonanno, PhD, a professor of clinical psychology at Teachers College at Columbia University, says he has seen no evidence that these stages are universal among the grieving and, in fact, the five-stages theory has in some ways done more harm than good.

“In the ‘90s, the idea was that everyone must go through this painful, elaborate working-through process, and if they didn’t, either they didn’t care about the person or they were in denial and needed treatment,” he says. “A lot of people were getting treatment when they really didn’t need it.”

In one groundbreaking study of 205 widows and widowers, Bonanno found 46% showed little depression, intense yearning, or longing in the 18 months after the death of their spouse. Ten percent had *improved* mental health, as the chronic stress of caregiving subsided. Another 2015 study—of 2,512 people who had lost spouses or children—found that 69% were “resilient,” having little depression at three follow-up time points.

As Bonanno writes, “These individuals are not cold and unfeeling or lacking in attachment but, rather, are capable of genuine resilience in the face of loss.”

On the other end of the spectrum is complicated grief, also known as prolonged grief disorder.

“Imagine feeling the way you felt in the early days after a friend or family member died, only it is years later,” says Katherine Shear, MD, founding director of the Center for Complicated Grief at the Columbia School of Social Work.

About 7% to 10% of the bereaved struggle with it, but it’s more common among those who have lost a loved one to homicide, suicide, or other violent incident. About 24% of parents who have lost children and 23% of military families have it.

They often rearrange their lives to avoid reminders of the deceased—a park a child used to play in; a spouse’s favorite restaurant.

“All of a sudden there are a ton of places they can’t go,” says Shear, recalling one patient who—four years after the death of her son—seldom left the house because she was afraid she’d run across something that would trigger her grief.

“Grief is like being in an ocean and you don’t know when a wave is going to hit you, or how high it is going to be, or how long you are going to get caught in the riptide.”

Over time, people who once offered support begin to fall off, says Shear. “Then people start to say things like ‘I know this is really hard, but it’s time to get over it.’”

Research also suggests that men and women differ in their grief, with women grieving more chronically and men grieving more acutely.

“In the beginning, I felt like I had been dismembered—like half of my body was missing,” recalls Sam Feldman, of Martha’s Vineyard, Massachusetts, whose wife of 53 years, Gretchen, died of cancer in 2008.

Four weeks after her death, he attended a dinner party with friends and was struck by the fact that no one brought up her name. He finally got up and left.

“In retrospect, I realize that they were uncomfortable bringing her up,” he recalls. “But I wanted to talk about her. Sometimes I don’t think people realize that.”

Because husbands tend to rely heavily on their wives for social plans and have more trouble sharing their feelings, he says widowers are often struck with profound loneliness.

“We have a lot of acquaintances but sometimes not a lot of intimacy, so it’s hard to find people to talk to,” says Feldman.

But when he attended a support group, he walked in to discover it was all women and they, as he puts it, seemed to be on a different path than he was.

He ended up founding his own all-men’s group, now known as the National Widowers Organization, to help fill that gap. And he has since remained strongly involved in the arts community, of which Gretchen (a painter) was a part.

At age 90, he has a new partner and is happy.

But he still drives by Gretchen’s nearby grave almost daily and thinks of her often.

“It’s not a negative thing. She’s just a part of who I am now,” he says.

Your brain on grief

While the research is young, studies have begun to shed light on what happens in the brain and body during grief.

In the days after a loved one’s death, the bereaved’s body pumps out stress hormones like epinephrine and cortisol, boosts blood pressure, and weakens immune response, studies show. In fact, in the first 3 months after the death of a spouse, the odds of dying are twice as high for men and 1.5 times as high for women.

In most cases, those changes fade over time.

But in people with prolonged or complicated grief, things are different.

Studies show they continue to have higher levels of the stress hormone cortisol and may also have an imbalance of the hormone oxytocin, a.k.a. “the mothering hormone,” which helps people form bonds with one another.

Meanwhile, brain imaging studies show that when healthy people are shown a photo of the deceased many months later, it still activates those regions associated with physical pain. But in people with prolonged grief, a reward center called the nucleus accumbens—which is also linked to yearning for food or drugs—also lights up.

“In a way, people who lose a loved one and can’t get over it are like drug addicts,” says Bonanno. “Their reward system is in hyperdrive, and they are in a constant state of yearning for a person who is not there and is not going to be there.”

“
Even in the deepest of
grief, I continue to live my life
with purpose and meaning and
share my story.”

A new way to manage grief

While it may help some people, in many cases, the bereaved do not require long-term therapy or medication, says Bonanno, author of *The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss*.

“Most people recover pretty quickly,” he says. “It’s not that they aren’t sad. But they can work and continue with their lives and experience joy and pleasure, sometimes even in the early days after a loss.”

But for those with complicated grief, professional counseling is recommended.

Shear has come up with a 16-week program in which people explore when and how to face their grief and when it’s appropriate to set it aside. In one exercise, they are asked to recount the story of when and how they first learned of the death. In others, they’re encouraged to return to the places they’ve been avoiding, take steps to strengthen relationships with the living, and plan for the future.

They also develop healthy ways to stay connected with their lost loved ones.

“Grief is not all bad,” says Shear. “It is not something we need to make go away or get rid of or not talk about. We need to allow it a place in our lives and our communities.”

The sixth stage

In November, Kessler will publish a follow-up to the book he authored with Kubler-Ross, adding a sixth stage, which he has come to understand better since the death of his own 21-year-old son.

“I was devastated, and I tried to do what I told everyone else to do,” he says, recalling how he sat in grief counseling groups, his book on the table, where no one knew he’d written it. The stages rang true to him. But one was missing: Meaning.

“We are not a generation that is just OK with finding acceptance,” he says. “We want to transform our grief into something more meaningful.”

Cathy Semeria says that of all the stages of grief she’s heard about, she identifies with this one the most.

Despite the occasional comment that she’s being too vocal on Facebook, or that her grief is lingering too long, she continues to post candidly and speak publicly about her grief process, has started a support group for grieving parents, is more active than ever in her church, and intends to write a book.

“Even in the deepest of grief, I continue to live my life with purpose and meaning and share my story,” she says.

Is she over the grief? No, she says. There is no climbing over it.

But she has gained the strength to walk through it.

GETTY IMAGES

How to Avoid Saying the Wrong Thing to Someone in Grief

MANY YEARS AGO WHEN MY WIFE AND I LOST OUR FIRST TWO PREGNANCIES LESS THAN SIX MONTHS APART, a friend of ours reassured us that “everything happens for a reason.” I was furious. While I knew she meant to be helpful, I found the remark deeply uncomfortable. Rather than acknowledging our grief, her comment seemed to dismiss it.

You’ve probably been on both sides of this dynamic. When faced with another person’s grief, you want to be comforting, but you worry that you’ll say “the wrong thing” and inadvertently make it worse. When faced with your own grief, you may have been told things that were unhelpful, or even upsetting.

Here’s a sample of potentially less-than-helpful comments:

- › *They’re in a better place.*
- › *At least they’re not suffering anymore.*
- › *Time will heal this.*
- › *You’ll feel better if you ____ [fill in the blank].*
- › *This too shall pass.*
- › *You’re lucky you had 36 years with your dad.*
- › *I’m surprised you’re still so upset about this.*
- › *Everything happens for a reason.*
- › *Your parents dying is a blessing in disguise—you won’t have to watch them grow old.*
- › *It doesn’t get easier.*

The common theme in most of these statements is an attempt to tell the person it’s not as bad as they think it is. And while the comments were meant to be comforting, they more likely felt invalidating, as though a person shouldn’t feel the way he or she does.

So what is helpful? Thankfully, it’s very simple.

Show up. The most important thing is to be present. Your continued presence may be especially appreciated after the acute period of loss and grief, after some time has passed, when most people have returned to life as usual but the pain remains for the one who is grieving.

Express your care and concern. You can use whatever words feel natural for you—you don’t have to follow any prescribed phrasing. Just let the person know you’re with them and you care about them.

Acknowledge and validate their feelings. More than anything, we need the space to feel what we feel when we’re grieving. Any response that tries to point out a silver lining is likely to feel like a rejection of a person’s feelings, as though he or she is “grieving wrong.” You can validate their experience even if you know their perspective will change over time—the passage of time has a power that words lack.

Be aware of your own feelings about loss. Most of us have our own feelings about death and other forms of loss, and if we’re not aware of them, they can color our interactions with the grieving person in unhelpful ways. When you recognize your own “stuff,” you can focus more directly on the other person.

Listen. Offer a listening ear if a person wants to talk. You probably don’t have to say much, and you certainly aren’t expected to “solve” the grief. Just having someone they can express their thoughts and feelings to can be an invaluable part of healing. Or you might even sit in silence with them.



SEPSIS

AND CHILDREN

AND CHILDREN

DOCTORS AND PARENTS NEED TO BE AWARE OF THIS DEADLY DISEASE

BY SAUNDRA YOUNG

REVIEWED BY BRUNILDA NAZARIO, MD, WEBMD SENIOR MEDICAL EDITOR

Sepsis may not be on your radar but it is an extremely deadly killer.

Worldwide, a stunning one-third of people who get it die, and many who do live have life-changing side effects such as chronic pain and fatigue, organs that don't work well, even amputations. Sepsis is caused by a bacterial infection, and many conditions can lead to it. You can be completely healthy or have a condition that makes you more likely to get it.

One very susceptible group: children.

While sepsis overwhelmingly strikes the elderly—up to 85% of all cases are in seniors—more than 75,000 children develop sepsis annually in the United States, according to the Sepsis Alliance. Seven thousand die.

Doctors are hoping to cut down on those deaths by educating themselves and parents about the symptoms, which can be vague and difficult to recognize. They can also vary drastically child to child, says Niranjan Kissoon, MD, vice chair of the Global Alliance for Sepsis and a member of the Sepsis Alliance advisory board.

Kissoon is working with the CDC to gather data on sepsis. He says one of the biggest barriers is accepting that sepsis is a major public health issue. “In the United States, more than 18 children die from sepsis each day, and this is tragic in the sense that many of these lives could be saved with improved public awareness of the symptoms and expanded health care provider education and early treatment,” says Kissoon, a professor of pediatrics and emergency medicine at the University of British Columbia. He says it causes more deaths than cancer.

The social and economic disparities are also troubling and must be addressed, he adds. “Studies have shown that preterm infants who are black are 13 times more likely to develop sepsis and 15 times more likely to die than infants who are not black,” he says. “Infants of low-income families are 20 times more likely to die of sepsis. In fact, infants from families without insurance are also three times more likely to die.”

 Search for the slideshow
[Sepsis 101 at WebMD.com.](#)

A CLOSE CALL

Marnie Doubek, MD, struggled for several days to figure out what was wrong with her son Zachary when she found him crying one night after a baseball game in 2014. “He said he had a headache and he was dizzy and his knee hurt,” Doubek says. She and her husband, Joe, thought maybe Zach, who was 11 at the time, hurt his knee sliding into a base. The next morning, he still had knee pain. Doubek gave him some ibuprofen, and about an hour later, he felt well enough to go to school. But that was short-lived. It would take nearly a week and multiple doctors before Zach was diagnosed with sepsis.

“I got a call from the school nurse. He was limping and saying that his knee hurt,” Doubek recalled. “She said he didn’t have a fever, but what she did say to me was, and this is a quote from her, ‘He just doesn’t look right.’”

The next day, Doubek, a primary care doctor in Maplewood, NJ, took Zach to be seen by one of her associates. She thought there was a chance Lyme disease might be the culprit, so she drew some blood and started him on the antibiotic amoxicillin.

When the bloodwork came back, and a marker for inflammation was critically elevated, they went to see an orthopedist. Doubek says she was starting to freak out, and Zach was looking pretty sick. The orthopedist thought it might be inflammation of the lining of the joint. But Zach got worse. By the next evening, he was in such agony, he could barely move. And then, Doubek says, he became delirious.

“It was about 3 o’clock in the morning and he asked me for water,” Doubek remembers. “I picked up the water bottle and went to hand it to him. He looked at me and said, ‘Is someone going to fly it to our house?’” She took Zach to the local emergency room, where doctors transferred him to a hospital with a pediatric intensive care unit.

“They did not have a clear idea of what was going on at that point,” Doubek says. “No one specifically said, he’s septic or has sepsis. They were wondering if he had some kind of tick-borne illness. Nobody really knew, but they knew that he was in respiratory failure, he was in liver failure, and he was in kidney failure.”

Once in the ICU, Zach was given broad-spectrum antibiotics and put on a respirator. Doubek says two days later, his doctors determined Zach had osteomyelitis, a bone infection of his right femur. He was rushed to surgery to drain the infection.

“He stayed on that respirator unconscious for about two weeks, in and out of surgery with high fevers. He was on medication to keep his blood pressure up. There were multiple complications. He had a lung collapse, and even required a chest tube. Finally, after about two weeks of pure hell, he started to do a little bit better.”

“It was hard to believe that our healthy 11-year-old son, who had been playing baseball four days earlier, was on a respirator, sedated, and asleep. He had IV lines and a catheter. You walk into the room and you cannot believe what has just happened,” Doubek says.

“**Children are more vulnerable because many of the common conditions they have can lead to sepsis. And younger children may not be able to express how they’re feeling.**”

IMPROVING THE ODDS

Kissoon says one critical problem with sepsis is making a diagnosis. “The signs and symptoms initially can be very subtle, and many a time, we misdiagnose children and we think they have a common cold,” he says.

There are no tests that can give you a diagnosis of sepsis immediately, Kissoon says. He says if doctors suspect sepsis, they start antibiotics right away rather than wait until the diagnosis is confirmed.

Most doctors agree that an hour can make all the difference.

“Sometimes children have pre-existing conditions that make them susceptible to infections and ultimately sepsis,” says Michael Bell, MD, chief of critical care medicine at Children’s National Hospital in Washington, D.C. “But other times, it is just terrible luck that happens to some kids where they get overwhelmed by an infection and can lead to quite a difficult hospitalization and rehabilitation.”

Lauren Hess, MD, co-lead of a sepsis quality improvement project at Texas Children’s Hospital in Houston, says children are also more vulnerable because many of the common conditions they have can lead to sepsis.

And younger children may not be able to express how they’re feeling, says Charles Macias, MD, chief of the Division of Pediatric Emergency Medicine at University Hospitals Rainbow Babies & Children’s Hospital in Cleveland, OH.

Kissoon says there is another critical issue facing children like Zach who survive sepsis.

“One-third of those who are discharged from hospital will have some form of disability, either physical

impairments, cognitive difficulty, skin graft, amputations, hearing loss; some suffer even things like almost post-traumatic stress disorder,” he says. “So sepsis is a major problem—long term.” I think when we talk about death, it is really the tip of the iceberg because these children have life-long issues, and more than 20% of child sepsis survivors are readmitted to the hospital within 3 months of the initial hospitalization.”

Three years ago, Texas Children’s Hospital in Houston joined a group of more than 50 other children’s hospitals working toward improving sepsis care.

An early warning system uses an electronic health record to look at the patient’s vital signs and history to help flag the bedside care provider if the patient could be getting sepsis, Hess says.

Terri Brown, RN, says the new systems at Texas Children’s have helped cut its mortality rate from sepsis. “We have seen a 36% relative reduction in our three-day mortality, and we have much more of a sense of urgency, really hitting that golden hour of assessment and intervention.”

Children’s in Washington, D.C., uses “sepsis charts” containing education materials on its units. The goal is to educate staff about early recognition and treatment—particularly about giving antibiotics at the earliest possible time, says Bell, along with more invasive treatments such as IV fluids. Children also may be put on a ventilator if they need help breathing.

Bell is also part of the collaborative pediatric critical care research network, a National Institutes of Health-funded group of investigators doing research on a number of topics related to critically ill kids, including sepsis.

Still, it’s a challenge.

“It has been an aspiration for decades to have a medication or drug that can be administered to all children with sepsis that will mitigate the secondary effects of the infection,” Macias says. “Sadly, none of these ‘magic bullets’ has proven to be effective in large clinical trials.”

He says the sheer number of annual cases cost an astonishing amount of money. “There’s tremendous financial burden associated with sepsis,” Macias says. “Likely over \$4.5 billion a year in health care costs.”

But he says the efforts of hospitals all over the country have led to “considerable improvements” in care and outcomes.

“Almost 20% more children are being recognized as having sepsis”—critical because timely recognition and interventions with fluids and antibiotics are keys to reducing deaths and severe side effects, Macias says.

These improvements have also led to a decrease in the length of hospital stays and sepsis-related mortality at the hospitals in the Improving Pediatric Sepsis Outcomes collaborative, he says.

ZACH DOUBEK’S FUTURE

Zach, while one of the lucky ones, will have lifelong complications from his fight with sepsis.

He had permanent damage to the nerves in one leg. As a result, that

leg did not grow the same, so he wears a lift in his shoe. He also has a weakened calf muscle, less sensation in his foot, and issues with focusing and anxiety.

“Overall, he’s done amazingly well, he’s come so far—but the truth is he’s still on the journey,” Marnie Doubek says. “It doesn’t have an ending yet. It’s been a rough 5 years for him. It’s been a process of redefining himself.”

While Zach figures out who he is, his mother is on a mission to make sure sepsis is on everyone’s radar so that what happened to her son does not happen to someone else’s. She plans to continue speaking out to get the message across to other families.

“I do it because I am so grateful. I know how easily it could have gone the other way. There were such moments of intense fear that he wasn’t going to make it—it’s a very dark, scary place to be so close to, so yeah, we’re very lucky. I know there are many, many families that unfortunately can’t say the same thing.”

SPOTTING SEPSIS

Some signs of sepsis that may appear in a child of any age:

- + Feels abnormally cold to the touch
- + Looks mottled, bluish, or has very pale skin
- + Has a rash that does not fade when you press it
- + Is breathing very fast
- + Has a convulsion
- + Is very lethargic or difficult to wake up

Some additional signs for children younger than age 5:

- + Not eating
- + Repeated vomiting
- + Not urinating for 12 hours



GOOD FOR YOU

Spring Zing

MAKE SPRING DISHES SING WITH FRESH GINGER, AN AROMATIC ROOT WITH A SURPRISING ARRAY OF HEALTH BENEFITS

IF THE GINGER IN YOUR KITCHEN IS LIMITED TO A DUSTY BOTTLE ON THE SPICE RACK, consider adding fresh ginger to your shopping list. This knobby root has zingy flavor and time-honored healing effects. It eases nausea and aids digestion after meals. Preliminary studies show that components of the root called gingerols appear to fight inflammation and may offer some osteoarthritis pain relief. Grate peeled ginger into salad dressings and marinades. Add it to fruit salads, or toss slivers into stir-fries and chicken soup. For a kicky ginger tea, simmer half-inch slices of the root in water, add fresh lemon juice and a little honey. Serve hot or cold. —ERIN O'DONNELL



THE MIX
CHICKPEAS + AVOCADO,
LEMON, OLIVE OIL,
SWEET RED PEPPER,
ARUGULA,
WHOLE-GRAIN TOAST

BOUNTIFUL BREAKFAST

Lemony Chickpea-Avocado Toast

Adding chickpeas to avocado toast makes this breakfast classic extra delicious, nutritious, and filling. We like this dish, which provides perfect fuel for demanding days, with rustic whole-grain bread.

MAKE IT

In a small bowl, use a fork to mash 1 avocado with 2 tsp lemon juice, ½ tsp lemon zest, and ½ tbsp olive oil until creamy. In a separate bowl, mash 1 can rinsed, drained chickpeas into a chunky mixture. Combine with the avocado. Add 1 chopped red pepper, setting aside 2 tbsp for garnish. In another bowl, toss 2 cups arugula with salt, pepper, 1 tbsp olive oil, and 2 tbsp lemon juice. Spoon avocado mixture onto four slices of toast. Top each one with arugula, red pepper, and lemon zest. **SERVES 4**

PER SERVING

(1 slice toast, about ½ cup mixture, and ½ cup arugula) 345 calories, 13 g protein, 44 g carbohydrate, 14 g fat (2 g saturated fat), 0 mg cholesterol, 12 g fiber, 8 g sugar, 331 mg sodium. Calories from fat: 36%

3 WAYS

Chickpeas

WITH THEIR NUT-LIKE FLAVOR AND BUTTERY TEXTURE, CHICKPEAS ARE TASTY, FILLING, AND PACKED WITH NUTRITION

BY Erin O'Donnell

RECIPES BY Kathleen Zelman, MPH, RD, LD

Search for the **Food & Fitness Newsletter** at WebMD.com.

LUSCIOUS LUNCH

Mediterranean Chickpea Bowl

This flexible recipe allows you to make multiple substitutions based on dietary needs or what you have on hand. We call for Israeli couscous (aka "pearl" couscous), but you can use quinoa instead to make it gluten free. And if you leave out the feta cheese, you'll make the meal vegan.

MAKE IT

Cook 1 cup dry couscous according to package directions and set aside to cool. Chop 1 cucumber and ¼ cup basil. Thaw 9-oz frozen artichoke hearts and chop. Add a 15-oz can of rinsed, drained chickpeas, the couscous, 1 cup sliced tomatoes, and 2 tbsp minced onion. Drizzle with 2 tbsp each olive oil and lemon juice. Season with salt and pepper. Mix well. Garnish with additional basil, almonds, and feta cheese. Serve warm or refrigerate and serve cold. **SERVES 6**

PER SERVING

(1.5 cups salad) 305 calories, 12 g protein, 44 g carbohydrate, 10 g fat (2 g saturated fat), 6 mg cholesterol, 9 g fiber, 5 g sugar, 195 mg sodium. Calories from fat: 29%

Continued on page 50

THE MIX
CHICKPEAS + WHOLE-WHEAT
ISRAELI COUSCOUS,
ENGLISH CUCUMBER, FRESH BASIL,
FROZEN ARTICHOKE HEARTS,
SMALL YELLOW AND RED TOMATOES,
RED ONION, OLIVE OIL,
LEMON JUICE, ALMONDS,
FETA CHEESE



PHOTOGRAPHY AND FOOD STYLING: GABRIELA IANCU



THE MIX
 CHICKPEAS + 4 4-OZ
 SALMON FILETS, OLIVE OIL,
 ONION, GARLIC, TURMERIC,
 CUMIN, CORIANDER,
 CAYENNE PEPPER, FRESH
 CILANTRO, LEMON

Continued from page 49

FLAVOR-FILLED FARE

Salmon and Spicy Chickpeas

Roast the salmon in the oven, or fire up the grill outside, depending on the weather. This satisfying meal pairs well with a crisp salad.

MAKE IT

Preheat oven to 400 degrees F or the grill to medium-high heat. Season salmon with salt, pepper, and ½ tsp cumin. Roast or grill until an instant-read thermometer registers 145 degrees F. In a medium skillet, cook minced onion in 1 tbsp olive oil for 5 minutes. Add 3 minced garlic cloves, ½ tsp each turmeric, cumin, and coriander, and a pinch of cayenne pepper. Combine thoroughly. Add a 15-oz can rinsed and drained chickpeas and 1 tbsp water. Cook 2 to 3 minutes more. Remove from heat and add 2 tbsp chopped cilantro. Divide chickpeas onto four plates. Add salmon, and garnish with cilantro and lemon wedges. **SERVES 4**

PERSERVING

(1 salmon filet and ½ cup chickpeas) 399 calories, 30 g protein, 24 g carbohydrate, 20 g fat (4 g saturated fat), 62 mg cholesterol, 6 g fiber, 5 g sugar, 219 mg sodium. Calories from fat: 46%

BUILD A BETTER

Sandwich

MAKE YOUR CREATION A PERFECT MEAL BY PRACTICING A FEW PRO TIPS

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

A SANDWICH DOES NOT HAVE TO BE A COMPLICATED affair, says Harley Peet, executive chef at Bluepoint Hospitality in Easton, MD. And that's one thing he likes so much about them. "You can make a sandwich with whatever you have available," he says. "You don't need a precise recipe." But rather than simply stuffing your ingredients between two pieces of bread, follow Peet's assembly pointers.

MAKE IT

- Choose the right bread. Ciabatta, for example, holds up nicely to sandwich fillings. Rye, white, or whole wheat loaves, of course, are classic.
- Have a selection of condiments on hand. Chutneys are great flavor boosters, and mustards—whole grain, Dijon, and yellow—are a must.
- Protect your bread. Keep wetter ingredients, like tomatoes, away from the bread so it doesn't get soggy. Instead, create a barrier with a layer of cheese or lettuce.
- Build even layers. Avoid piling ingredients in the center. Spread them out evenly from crust to crust, and they won't all fly out when you take a bite.
- Balance the flavors. If you're using a super-salty cured meat, skip highly seasoned spreads and, instead, add something a little sweet or acidic, like a nice relish or mayo with a little lemon zest. For a neutral-flavored turkey breast, try a garlicky aioli.
- Layer in your spread. As you fill your sandwich, add some of your chosen spread with each layer. It will help serve as a glue so the ingredients don't slip and slide.
- Add some crunch. Stir some chopped nuts into your chutney or spread. Another option: iceberg lettuce. Or get texture from your bread by using a loaf loaded with seeds.



The Joy of Seeds

EXPLORE THE WORLD OF DELICIOUS AND NUTRITIOUS SEEDS IN ALL THEIR VARIOUS SHAPES, SIZES, AND FLAVORS

BY Matt McMillen REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

SEEDS BOAST FIBER, HEALTHY FATS, AND PROTEIN, AS WELL AS VITAMINS, MINERALS, AND antioxidants, but their taste and texture are what make them an ideal addition to your next meal. "What I love about cooking and baking with seeds is that not only do they provide flavor and sometimes crunch, they are often packed with nutritional goodness," says Andrea Tutunjian, director of education at the Institute of Culinary Education in New York City and co-author of *In a Nutshell: Cooking and Baking with Nuts and Seeds*. These are five of her favorites.

SUNFLOWER SEEDS

"Mildly nutty, their firm but tender texture crisps up when toasted. Ideal in grain salads, muffins, and granola, they also can be processed into butter – a great option for anyone with nut allergies."

CUMIN SEEDS

"Ancient in origin and boasting a very distinct earthy flavor, cumin seeds belong in soups, stews, chili, and curry. Or use them to brew a homemade tea."

SESAME SEEDS

"Delicate, slightly sweet, and available in several colors, the darker are more robust and distinct. Sprinkle on nearly anything, use as a crust for fish, or add to mole and other sauces."

POPPY SEEDS

"Their crunchy texture and slightly nutty, sweet flavor works well with both sweet and savory foods. Look for the dark, slate blue variety to add to breads, cakes, salad dressings, and pastry fillings."

PUMPKIN SEEDS

"A lovely dark green when shelled, their flavor has accents of squash and hints of nuttiness. A bit chewy raw, they crunch when toasted. Eat as a snack, sprinkle on a salad, or add to pesto."

PHOTOGRAPHY AND FOOD STYLING: GABRIELA IANCU



Search for the slideshow **9 Seeds You Should Be Eating** at WebMD.com.

THE LATEST

Skin Cancer

DOCTORS DIAGNOSE 9,500 CASES EVERY DAY. NEW RESEARCH AIMS TO EASE DIAGNOSIS AND LOWER RISK.



SKIN CANCER, INCLUDING MELANOMA, BASAL CELL CARCINOMA AND SQUAMOUS CELL CARCINOMA, is the most common cancer in the U.S. About one in five people will develop it in their lifetime.

Electromagnetics researchers have developed a way to diagnose skin cancer without cutting the skin. They use shortwave rays like those found in airport security scanners. The waves bounce off cancerous cells in the same way they bounce off metal belt buckles. In a side-by-side comparison, the shortwave rays detected skin cancer as accurately as skin biopsies. The technology could one day be part of a diagnostic device doctors hold in their hands.

Of course, the main risk factor for skin cancer is in your hands: exposure to sun and other UV light. Sunless tanning products

provide a bronze glow safely. But, people who use them don't seize the opportunity to lower their cancer risk. In a survey of more than 27,000 adults, those who use sunless tanning products were more likely to use tanning beds and report a recent sunburn. They were less likely to wear protective clothing or seek shade when outdoors. Sunless tanning only lowers cancer risk when it replaces sun exposure.

Sweet potatoes might lower skin cancer risk, too—those and any other foods high in vitamin A. New research shows that a vitamin-A-rich diet may reduce risk of squamous cell carcinoma by 17%. Supplements don't bring the same benefits. Other foods that provide abundant vitamin A include spinach, carrots, cantaloupe, red bell peppers, mangoes, dried apricots and broccoli. —SONYA COLLINS

Sad Moms

CHILDBIRTH ISN'T A HAPPY TIME FOR EVERY NEW MOM. ONE IN NINE WOMEN FEELS SO SAD, EMPTY, AND LONELY THAT IT'S HARD TO CARE FOR HER NEW BABY. COULD YOU HAVE POSTPARTUM DEPRESSION? TAKE THIS QUIZ TO FIND OUT.

BY Stephanie Watson

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

- 1** YOU'RE MORE LIKELY TO GET POSTPARTUM DEPRESSION IF YOU OR SOMEONE ELSE IN YOUR FAMILY HAS HAD DEPRESSION.

TRUE

FALSE
- 2** SADNESS THAT LASTS FOR A MONTH OR MORE AFTER YOUR BABY IS BORN COULD BE THE BABY BLUES.

TRUE

FALSE
- 3** TROUBLE BONDING WITH YOUR BABY COULD BE A SIGN OF POSTPARTUM DEPRESSION.

TRUE

FALSE
- 4** SOME WOMEN WITH POSTPARTUM DEPRESSION FEEL LIKE THEY MIGHT HURT THEIR BABY.

TRUE

FALSE
- 5** MEN CAN GET POSTPARTUM DEPRESSION, TOO.

TRUE

FALSE
- 6** SADNESS THAT STARTS A FEW MONTHS AFTER YOUR BABY'S BIRTH IS PROBABLY NOT POSTPARTUM DEPRESSION.

TRUE

FALSE



Search for the article [Postpartum Depression](#) at WebMD.com.

ANSWERS

- 1. TRUE**

A personal or family history of depression increases your chances for postpartum depression. Tell your doctor at the start of your pregnancy, so he or she can monitor you for symptoms.
- 2. FALSE**

Many women feel sad or moody in the first few days after their baby's birth. These baby blues should ease within two weeks. Symptoms that last longer are more likely postpartum depression.
- 3. TRUE**

Feelings of pervasive sadness can disrupt the natural bonding process. Poor bonding can lead to slowed development and other problems with your baby.
- 4. TRUE**

Thoughts about hurting your baby can happen with postpartum depression, but could also be a sign of a much more serious condition called postpartum psychosis. See a doctor for treatment right away.
- 5. TRUE**

Men can feel just as sad and overwhelmed as women after the birth of their baby. They also need help from a doctor or therapist to deal with these feelings.
- 6. FALSE**

Postpartum depression doesn't always begin right after your baby's birth. Symptoms may not appear for several weeks or months.

10 TIPS

TO COPE

- 1. DON'T WAIT**

Get treatment for RA right away to help prevent joint damage.
- 2. STAY HEART HEALTHY**

RA boosts your chances of heart disease, so eat well and exercise to counter it.
- 3. RELAX YOUR GRIP**

Grasp tools and other objects as lightly as you can.
- 4. LOSE WEIGHT**

Shed excess pounds to ease the stress on your joints.
- 5. DRESS FOR SUCCESS**

Wear clothes easy to put on, like sports bras and laceless shoes.
- 6. EXPLORE ALTERNATIVES**

Better medications may be available for you, so ask your doctor about options.
- 7. LIFT YOURSELF UP**

To reduce overnight joint pain, elevate your arms or legs in bed.
- 8. TAKE A CLASS**

Look for exercise programs designed for people with RA.
- 9. BE A QUITTER**

If you smoke, stop. It can worsen your RA symptoms.
- 10. EXERCISE CAUTION**

Stay active, but don't push yourself if you feel pain or other symptoms.



Rheumatoid Arthritis

TIPS TO HELP PREVENT AND RELIEVE SYMPTOMS

BY Matt McMillen

REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

EXPERT TIPS

"Talk with your physician. Be involved in your treatment plan. Discuss short- and long-term goals and expectations, concerns and fears, probable outcomes, and medications. Include anything else you want to ask."

HOWARD SMITH, MD
rheumatologist, director of The Lupus Clinic, department of Rheumatic and Immunologic Diseases, Cleveland Clinic, Ohio

"Overall, my rheumatoid arthritis patients who exercise feel better. Cardio is especially important because heart disease is very prevalent in RA patients. Exercise also eases stress, which increases disease activity, and produces chemical changes in the body that help with inflammation."

WASEEM MIR, MD
rheumatologist, Lenox Hill Hospital, New York City

"Join a support group for people with rheumatoid arthritis, especially if you're feeling depressed or your RA is challenging your sense of self-worth. Your group will help keep you grounded, you'll learn some good tips on living with RA, and you'll make new friends."

DIANE HOROWITZ, MD
rheumatologist, director, The Arthritis Center, Division of Rheumatology, Northwell Health, Manhasset, NY

Search for the article [What Is Rheumatoid Arthritis?](#) at WebMD.com.

Bone Cancer

BONE CANCER IS RARE, BUT IT CAN BE AGGRESSIVE. LEARN THE WARNING SIGNS AND HOW IT'S TREATED.

BY Stephanie Watson REVIEWED BY Neha Pathak, MD, WebMD Medical Editor

Search for the slideshow [Guide to Bone Cancer](#) at [WebMD.com](#).

TRUE BONE CANCER IS UNCOMMON, BUT CANCER CAN ALSO SPREAD TO BONES FROM OTHER PARTS OF THE BODY. **Christian Ogilvie, MD**, associate professor in the University of Minnesota Medical School Department of Orthopedic Surgery, explains the difference and how bone cancer is diagnosed and treated.

Q How do bone cancer and metastatic differ?

OGILVIE Usually when we say bone cancer, we're referring to cancer that starts in the bone. That's called primary bone cancer. Metastatic cancer starts somewhere else in the body and travels to the bone. It keeps the name of the original cancer—for example, metastatic prostate cancer. Cancer that spreads to the bone is much more common than cancer that starts in the bone.

Q How does cancer spread to the bones?

OGILVIE One way that it spreads is through the vein system. From your neck down to your hips, you have connected networks of veins. Blood can travel from one vein to another. Once cancer gets into your blood, it can go anywhere from your shoulders to your hips if the conditions are right. Cancer can spread from organs to bones, or from bone to bone this way. The spine has a large system of veins, and its bones are most likely to be affected by cancer.

Q What causes bone cancer?

OGILVIE High-dose radiation is a risk factor. A few inherited conditions cause bone cancer, but they're rare. One is Paget's disease. It involves a high degree of bone activity, where bone is being destroyed and remade at a very fast rate. Rapid cell division increases the risk of an error where cancer can pop up.

Q What are the symptoms?

OGILVIE The main symptom is pain. A later symptom would be swelling as the tumor grows. Pain in the bone that doesn't have another good explanation needs to be checked out.

Q How is bone cancer diagnosed?

OGILVIE Imaging tests such as X-rays look for abnormalities in the bone. If the X-ray finds anything, we need to do a biopsy. Needle biopsies are done when possible. In some cases, we have to do a surgical biopsy to get enough tissue.

Q How is it treated?

OGILVIE Most primary bone cancers are treated with chemotherapy first. Then we take the tumor out surgically, which may also involve reconstructing the bone. It's typical to have more chemotherapy after surgery, to treat small amounts of the tumor that have already spread.

For metastatic cancer, there's a two-fold strategy. Low-dose radiation will stop the tumor from growing and also help with pain. We also use body-wide treatments such as chemotherapy or hormone therapy. If the bone bears a lot of weight, like the legs, we may need to reinforce it with a rod, plate, or cement to fix a break or prevent it from breaking.

Q What is the outlook for people diagnosed with bone cancer?

OGILVIE The outlook has improved a great deal since the introduction of chemotherapy. Cure rates for some primary bone cancers like osteosarcoma are 70%. Researchers are looking for new treatments that will improve the outcome even more.



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Diet Smarts for RA

IF YOU HAVE RHEUMATOID ARTHRITIS, SOME FOOD DOS AND DON'TS CAN HELP YOU MANAGE THE DISEASE AND EASE SYMPTOMS

BY Barbara Brody REVIEWED BY Michael W. Smith, MD, WebMD Chief Medical Editor

TREATMENT FOR RHEUMATOID ARTHRITIS HAS COME A LONG WAY IN THE PAST FEW DECADES, as there are now a variety of drugs designed to ease symptoms and slow the course of the disease. While taking any medications your doctor has prescribed as directed is key, lifestyle habits matter, too. Those include getting enough rest, exercising regularly, and eating healthy foods.

“Diet is pretty critical, because when you have RA you have excess inflammation and there are nutritional factors that can contribute to inflammation,” says registered dietitian Sotiria Everett, EdD, clinical assistant professor at Stony Brook University. “Dietary changes may help alleviate symptoms or even the progression of RA.”

Everett who has counseled many rheumatology patients, suggests starting by making small changes. If you try to overhaul your entire diet at once, she says, you're more likely to get overwhelmed and go back to your old ways.

Here are a few tweaks that are worth making:

SCALE BACK ON SODIUM

People with RA have a high risk of heart disease, so it's important to avoid foods that can lead to high blood pressure, Everett says. These include salt, deli meats, many canned foods like soup, and packaged foods.

LOAD UP ON OMEGA-3S

Fatty fish like salmon are rich in inflammation-fighting omega-3s. Chia, flaxseeds, and walnuts also contain some omega-3s, she adds.

ADD MORE COLOR TO YOUR PLATE

Colorful fruits and vegetables contain polyphenols, natural chemicals that help fight inflammation in your joints, your blood vessels, and throughout the rest of your body.

FLAVOR YOUR FOOD WITH HERBS

Oregano is one high-antioxidant herb that's worth sprinkling into sauces and marinades. Everett also recommends eating more ginger. “It helps inhibit a pathway that leads to inflammation,” she says. “Try adding powdered ginger to oatmeal, or shredding fresh ginger and using it in salad dressing. I also like to use fresh ginger on roasted sweet potatoes or in carrot and ginger soup.”

LIMIT PROCESSED AND FRIED FOODS

Fast food, packaged crackers, chips, and sugary cereals can all cause more inflammation, so it's wise to limit how much you eat. Same goes for foods that are high in saturated fat like butter, full-fat cheese, and red meat. Meanwhile, swap your corn oil and canola oil (both are high in omega-6s, which most people get too many of) for healthier extra virgin olive oil, Everett advises.

3 QUESTIONS TO ASK YOUR DOCTOR OR NUTRITIONIST

Q Do I need to lose weight?

If you're overweight or obese, it's a good idea. Being too heavy puts extra stress on your joints, causes more inflammation, and may make some RA meds less effective.

Q Should I try an elimination diet?

Some people with RA have intolerances to gluten, corn, dairy, sugar, or alcohol, Everett says. You may need to cut out some or all of these and then reintroduce them to figure out which, if any, are problematic for you.

Q Do any foods interact with my medications?

People with RA who take methotrexate, for instance, should avoid or limit alcohol. Grapefruit should not be combined with cyclosporine. Avoid coffee and other caffeine sources if you take prednisone.

How to Handle Social Distancing

ONE OF THE MOST EFFECTIVE STRATEGIES TO STOP THE SPREAD OF THE CORONAVIRUS IS SOCIAL DISTANCING. HERE'S HOW TO DO THAT WITHOUT FEELING ISOLATED.



BY John Whyte, MD, MPH, WebMD Chief Medical Officer

CURRENTLY NO VACCINE EXISTS FOR COVID-19, so protecting yourself and others is key. To avoid getting infected or infecting others, you need to limit your physical contact with other people. This requires staying at home and only leaving when absolutely necessary.

Being quarantined can affect your mental, social, and physical health as well as your financial health. So how do you practice social distancing while not increasing loneliness, which can lead to depression, anxiety, memory problems, decrease in immune response, and even substance abuse?

STAY BUSY

You might have more free time with cancellations of many social gatherings and maybe not needing to travel to/from work. Make a “to-do” list with some of those tasks you have wanted to complete for a while. Read that book that you got for your birthday. Clean out the room in the basement. Make a schedule for each day so you keep structure. Don’t wake up in the morning and feel you have nothing to do.

LIMIT SOCIAL MEDIA CONSUMPTION

During any crisis, a lot of misinformation is out there. You don’t need to read about the coronavirus all day. Set a limit. Maybe check your feeds and the news every few hours; or make a decision to stop reading/watching the news after dinner. The key is to stay aware but not scared. Information overload can do more harm than good.

STAY CONNECTED VIRTUALLY

Sometimes it seems our phones are more for texting and messaging than talking. Go old school and call people to engage in a conversation. This can include videoconferencing. Early on, you might need to make more of an effort to talk “live” since we don’t do that as often. Set some time in your day to make calls to loved ones, friends, and work colleagues. Some businesses are planning virtual “happy hours” where employees log in online and just talk about their day and how they are doing.

GET ACTIVE

You are probably less physically active while you are at home, especially since your activity outside the house or apartment is limited. Many gyms are closed which also doesn’t help. However, you can still go outside for a walk. You can still exercise at home. There are many online tools and sites where you can do a virtual gym class. You’re going to need to be a little creative, but now is not the time to be sedentary.

EAT HEALTHY

Food plays an important role in maintaining a healthy immune system. Make sure you are eating fruits and vegetables on a daily basis. Be sure to stock your cabinets with healthy snacks. It is hard to eat nutritious foods if they are not in the house. You might need to do some extra planning since you are unlikely to be making several trips to the grocery store every week as you might have done in the past.

Questions? Comments? Email me at john@webmd.com.

BY THE NUMBERS

6 FEET Distance respiratory droplets can travel after a sneeze or cough.

14 Number of days a person should self-quarantine if exposed to the coronavirus.

0 Number of drugs approved by the FDA for the coronavirus treatment

Obstetrician-Gynecologists

THESE SPECIALISTS PROVIDE HOLISTIC CARE FOR WOMEN'S REPRODUCTIVE HEALTH

BY Jodi Helmer REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

Search for the article [What to Expect from an Ob-Gyn Visit](#) at [WebMD.com](#).



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OBSTETRICIAN-GYNECOLOGISTS SPECIALIZE IN ADDRESSING WOMEN'S UNIQUE HEALTH CARE NEEDS. THEIR PRACTICES STRADDLE TWO DISTINCT fields of health care, obstetrics and gynecology, allowing them to provide complete care for all aspects of female reproductive health. These highly trained health care providers often start seeing patients who are in their teens, and offer care through the rest of their lives.

NOT ALL ABOUT BABIES

While obstetrics services such as prenatal care and labor and delivery might be a major part of an OB/GYN practice, these specialists do so much more. OB/GYNs serve as primary health care providers for women, doing preventive health care screenings such as pap smears and breast exams, providing family planning services, and diagnosing and treating gynecologic issues from abnormal uterine bleeding and pelvic pain to endometriosis and infertility.

COMMON SUBSPECIALTIES

As their titles suggest, OB/GYNs specialize in obstetrics and gynecology, but some choose to narrow their focus even further, going into subspecialties such as gynecologic oncology, reproductive endocrinology, maternal fetal medicine, and reconstructive surgery. In addition to seeing patients in medical clinics, OB/GYNs also have rights to work in hospitals to deliver babies and perform outpatient procedures and surgeries such as biopsies, tubal ligations, and hysterectomies.

NOT ENOUGH TO MEET DEMAND

Almost half of U.S. counties don't have a single OB/GYN, creating a so-called “maternity care desert” where pregnant women lack access to essential prenatal care. This year, the American Congress of Obstetricians and Gynecologists (ACOG) projects a shortage of up to 8,800 OB/GYNs. This is expected to increase to 22,000 by 2050.

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1. HOW DID YOUR DRIVE TO TIDY UP BEGIN?

I didn't grow up in a particularly neat or organized family—it was just something that I loved to do! I spent my whole adolescence researching and studying tidying. ... I realized that the most important thing about tidying is not deciding what to discard but, rather, deciding what to keep.

2. HOW CAN RIDDING OURSELVES OF ALL THE EXTRA STUFF MAKE US FEEL BETTER?

By understanding exactly which items we own and only surrounding ourselves with items that spark joy, we free up space to focus on the goals and relationships that are most important to us.

3. HOW DO YOU DETERMINE WHETHER AN ITEM SPARKS JOY?

Bring out each item you own and hold them one by one. If it's difficult for you to connect with your sense of joy when holding your belongings, I suggest starting with an item you really love and using that feeling as a point of comparison for everything else.

4. WHAT EFFECTS CAN DECLUTTERING OUR HOME HAVE ON OTHER ASPECTS OF OUR LIVES?

Decluttering your home or office allows you to declutter your mind. In an uncluttered space, you can focus your energy and attention on what brings you happiness—or what's standing in the way of it. Another benefit: You will always find that thing you are looking for.

5. YOUR NEW BOOK, *JOY AT WORK: ORGANIZING YOUR PROFESSIONAL LIFE, IS ABOUT DECLUTTERING THE WORKPLACE. WHAT ARE SOME OF THE MOST PROBLEMATIC AREAS IN PEOPLE'S OFFICES THAT NEED CLEANING UP?*

A cluttered or disorganized workspace makes it hard to focus and to make decisions on what's truly essential. Having a tidy workplace cuts down on time spent searching for what you need—as a result, you use your time and energy more effectively.



Marie Kondo

Tidying expert, author,

Netflix home makeover series host,

35, Los Angeles

“DECLUTTERING YOUR HOME OR OFFICE ALLOWS YOU TO DECLUTTER YOUR MIND.”

6. WHAT DO YOU DO OUTDOORS TO RECHARGE?

When I visit Japan I make a point of visiting an onsen [hot spring]. The dense greenery of the surrounding landscape is very soothing. I even look forward to the sounds of the insects at night.

7. WHY DID YOU DECIDE TO WRITE A CHILDREN'S BOOK?

As a parent, I've observed firsthand the impact that books can have on children. I wrote *Kiki & Jax* as a way to communicate the joy of tidying and friendship to young readers.

8. WHY DO YOU THINK IT'S IMPORTANT TO TEACH CHILDREN THE VALUE OF TIDYING UP?

Through tidying, children develop an awareness—and ultimately, an appreciation—of what they already possess. It's natural for children to become attached to favorite toys and special objects; teaching them to treat these items with respect and to give them a home sends a subtle message about having gratitude for the important things in their lives.

9. WHAT LESSONS HAVE YOU TAUGHT YOUR OWN CHILDREN?

I make folding clothes and laundry an activity my daughters and I do together. Of course, I don't expect them to fold like pros, but I do want them to have a positive association with tidying and to learn how to take care of the objects that help them through the day.

10. ARE MESSES OK SOMETIMES? IS THERE ANY PART OF YOUR LIFE IN WHICH YOU'RE EVER DISORGANIZED?

When I first became a mother, I felt frustrated when I couldn't tidy my home exactly the way I wanted. Then, after having my second child, I didn't even have the energy to consider some of my former practices around the house! Motherhood taught me to be more forgiving of myself. The joy that comes from parenting exceeds any satisfaction that comes from a perfectly neat home.

—STEPHANIE WATSON