

IS 100 THE NEW 80? WHAT THE RESEARCH SAYS ABOUT LONGEVITY PAGE 38

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2018

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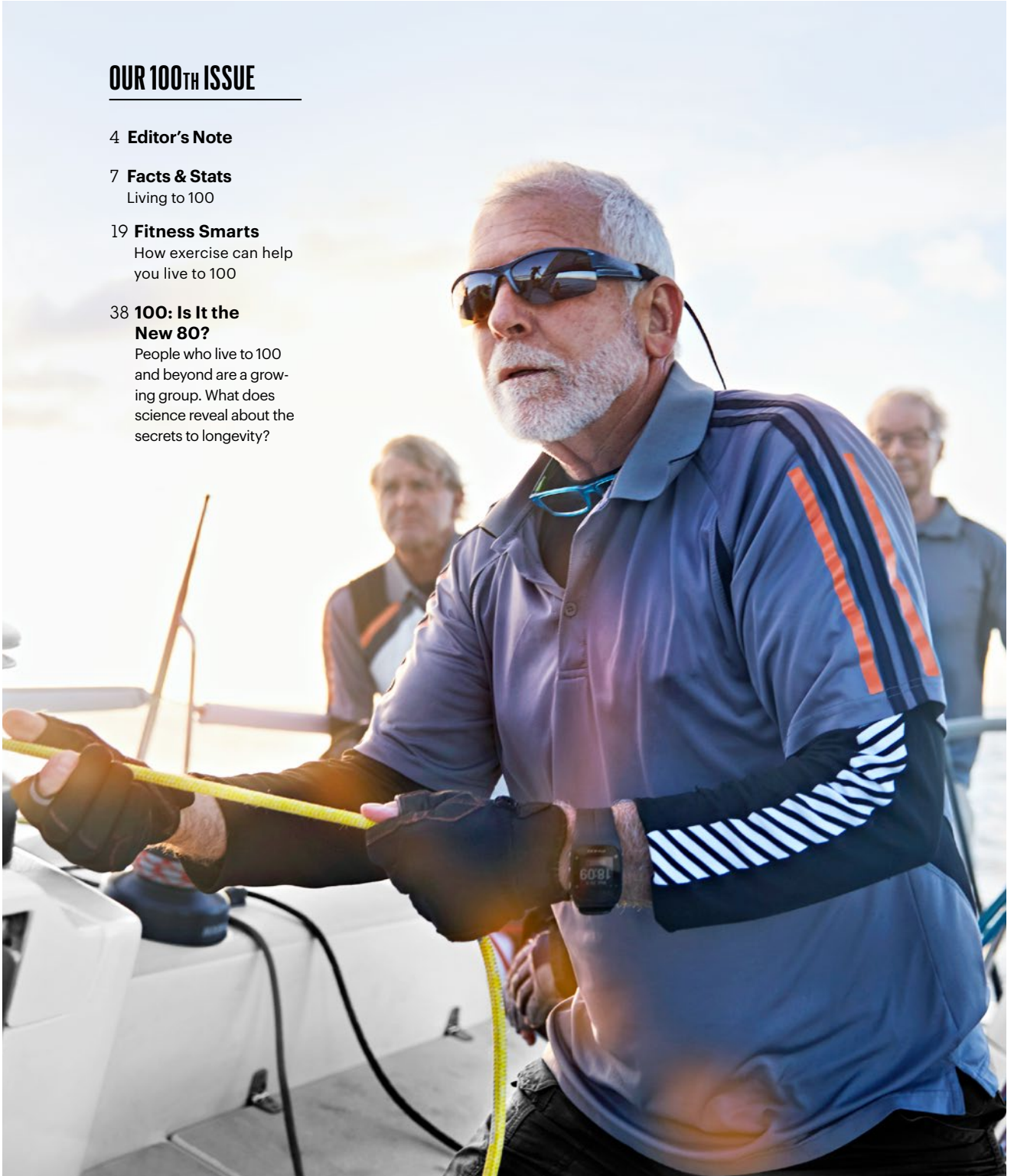
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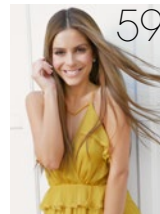


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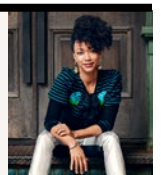
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On the Cover

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FROM THE WEBMD TEAM

WHAT'S YOUR **FAVORITE MEMORY** FROM A PAST ISSUE?



WebMD Magazine made its debut in 2005 as “a waiting room companion,” designed to help you make the most of your doctor’s visit. Now in its 100th issue, the magazine has stayed true to that original mission but also has constantly grown and evolved just as medicine, technology, and even how we interact with the health care system has changed significantly since that first issue.

We love all 100 installments of *WebMD Magazine*, but we know the stories in each edition speak to us differently as individuals. To mark this milestone, we asked some of our staff members who have been a part of the launch and evolution of the magazine to share their favorite memory from a past issue. We’d love to hear from you, too!

Kristy Hammam
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Vanessa Cognard
WebMD Vice President, Publisher

My favorite *WebMD Magazine* story is the March/April 2018 cover feature with Jim and Jeannie Gaffigan, **an example of what WebMD does best:**

Tell an inspirational story of a family facing a health crisis averted by attentive detection, innovative technology, and perseverance. **Their family, love, and the spirit to cope with potential tragedy inspired me.**



Valarie Basheda
WebMD Director, News and Special Reports

As a busy mom, I’m always reading tips on beauty products and new recipes to try. My boys and I love Kevin Hart, and I really enjoyed his recent interview (June 2017). **It was great to hear how he’s using his fame to encourage people to get active.** I’m sure it would motivate my kids and me to do a 5K if we could run with him!

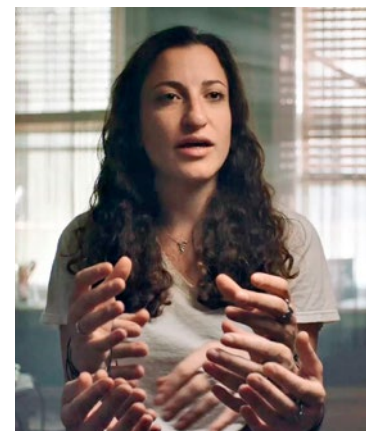


Theresa Saladino
WebMD Director,
Policy & Governance

I’ve admired the honesty, frankness, and courage of each celebrity who has appeared on the cover of *WebMD Magazine*. Of all those whose personal stories have touched me, Viola Davis (January/February 2018) stands out. I was struck by her **ability to overcome the odds** she faced as a child and achieve the success she did as an adult. **Ms. Davis’s dedication to eradicating childhood hunger is poignantly inspiring to me.**

Voices

We are proud to announce that a **WebMD short documentary, *Voices* was nominated for an award at the 2018 Tribeca Film Festival** in the Tribeca X brand category, along with other top brands such as Apple and Square. The film tells the story of New York artist **Michelle Hammer**, who has schizophrenia and battles every day to control the war of words in her head while using her **artwork to fight the stigma** attached to mental illness. **With this film, WebMD hopes to change how mental illness is perceived. Watch *Voices*: webmd.com/voices.**



PHOTOGRAPHY: SHARON SUH; STYLING: MINDY SAAD

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THE LONG VIEW

100 Years... and Counting

Could you live to 100 or beyond? Given the steady rise in life expectancy, reaching centenarian status is a real possibility. The keys to longevity lie not only in good genes, but also in good habits like exercise, clean eating, and not smoking.



5%

Percentage of Americans who will be age 85 or older by the year 2050, up from 2% in 2012.

more than 50%

Percentage of babies born in the U.S. since 2000 who could live to be at least 100 years old.

72,197

Number of Americans age 100 and older in the U.S. in 2014, up from 50,281 in 2000.

20%

Percentage drop in death rates from all causes of death among people ages 65 and older between 1999 and 2014.

IN THE NEWS

Making It to 100



COLLEEN PARETTY
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We celebrate 100 in several stories in this issue, and not only because this is the 100th edition of *WebMD Magazine*. The number resonates with people when they think about a long, well-lived life; living to 100 is something of a gold standard in the popular imagination. So we decided to take a good look at how plausible a goal that really is. The results may surprise you, starting with the sheer number of centenarians alive today (more than 450,000 worldwide and counting). Solid research and ongoing studies reveal a profile of “super-agers” who enjoy exceptionally good health, both in brain and body. “We think they might be on a different trajectory of aging,” notes one scientist. What factors go into that successful trajectory? Find out in our story, **“100: Is It the New 80?”** on page 38. — *Colleen*



Stone Prone

Kidney stone rates among women have more than quadrupled in the last 30 years. If you're stone-prone, drinking plenty of water so that you urinate a lot is one of the best preventive actions you can take. Talk to your doctor about helpful changes to your diet and exercise routine.

SOURCE: *Mayo Clinic Proceedings*



NOT FOR CHILDREN

Energy drinks—those highly caffeinated elixirs—are not for children. From 2000 to 2012, nearly half of the calls that U.S. Poison Control received about energy drinks involved children under 6 years old. Kids are more likely to have bad reactions because they are smaller and their bodies aren't as used to caffeine as the average adult. The FDA puts no limit on the amount of caffeine energy drinks may contain. Most contain about as much caffeine as 1.5 servings of the average cola, but some contain more than 6.5 servings of cola.

SOURCE: *Current Sports Medicine Reports*



63%

PERCENTAGE
of Americans who have visited a
doctor for neck or back pain.

SOURCE: Gallup

MUSIC MACHINE

Researchers trained a computer to identify the song a person hears based on reading an MRI.

Six volunteers listened to 40 rock, pop, jazz, folk, and classical pieces during an MRI brain scan. The MRI identified the unique patterns of brain activity triggered by each piece, and a computer learned to recognize the patterns.

The computer was eventually able to identify the music with 85% accuracy. The study aims to advance technology that might allow machines to communicate with people without speech.

SOURCE: Scientific Reports



Pregnancy Puffs

1 in 14 U.S. women smokes during pregnancy. Smoking during pregnancy can lead to premature birth, low birthweight, and a number of birth defects.

SOURCE: CDC

HEALTH CLASS HELPS

Almost half of Americans ages 14 to 49 have herpes. Fifteen years ago, nearly 60% had it. Researchers credit safer sex and young people delaying sex.

SOURCE: CDC

41,000

NUMBER

of root canals performed to repair decayed or infected teeth in the U.S. every day. Good oral hygiene that prevents tooth decay can reduce your risk for this procedure.

SOURCE: American Association of Endodontists



Healthy Way to Manage Pain

Physical therapy may be just as effective as opioid painkillers in the treatment of certain types of pain. In one study, people who received physical therapy immediately after hip-replacement surgery used fewer opioids to manage pain than those who didn't receive therapy. People who had physical therapy within three days of the start of low-back pain were also less likely to use opioid painkillers than those who didn't. Opioid painkillers are highly addictive. The CDC recommends that patients and their doctors try non-pharmaceutical treatments for pain first.

SOURCE: Physical Therapy



NO PRESSURE

Parents, if your child's blood pressure is high, ask your health care provider to check it again. High blood pressure readings in kids are wrong more than half the time, says a study of 186,732 pediatric medical records.

SOURCE: The Journal of Clinical Hypertension

90 million

NUMBER

of cases of gastrointestinal, respiratory, ear, eye, and skin-related illnesses from swimming, paddling, boating, and fishing in the U.S. every year.

SOURCE: Environmental Health



EVENING SNACK

Trying to lose weight? Don't let the end of a stressful day derail your diet. Overweight adults are more likely to overeat in the evening, especially when they're under stress. In a study, when overweight adults fasted for eight hours, they had a bigger appetite when they broke their fast at 4 p.m. compared to 9 a.m. Likewise, when they were put under stress, which is known to raise levels of the hunger hormone ghrelin, they produced more hunger hormones under late-afternoon stress than morning stress.

SOURCE: International Journal of Obesity

MILK MISTAKES

Judging by the label, toddler milk and formulas—marketed for children ages 12 to 36 months—look suspiciously like infant formula, a study finds. But they are not the same. First, the FDA does not regulate toddler drinks. That means there's no proof of the health claims on the labels. Second, toddler milk and formulas are not necessary for growth and development.

Pediatricians recommend infant formula for babies up to 12 months old who don't receive breast milk. Toddlers 1 year or older can get all the calcium and vitamin D they need in 1 to 1½ cups of cow's milk.

SOURCE: Preventive Medicine



WONDER WOMEN

In almost all human populations, women outlive men. Many studies suggest that the survival advantage is because men are more likely to smoke, drink, use drugs, eat a poor diet, and take dangerous risks. But new research points to biological differences. In a

study of survival differences during seven historical events of high mortality that included epidemics, famines, and slavery, females outlived males. Most of the difference was in infant mortality—baby girls survived the conditions better than baby boys.

SOURCE: Proceedings of the National Academy of Sciences



GETTY IMAGES



EARLY BIRD GETS THE WORM

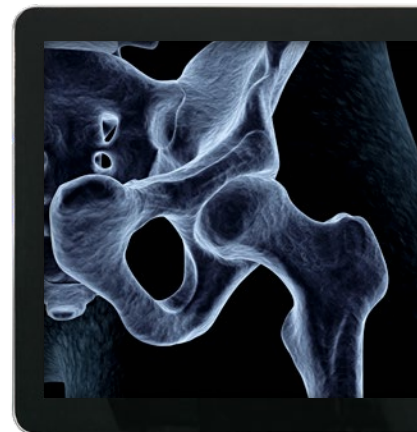
“Early to bed, early to rise, makes a man healthy, wealthy, and wise.” The jury’s still out on “wealthy and wise,” but healthy may be true. In a study of 433,268 adults, those who labeled themselves a “definite night owl”—they stay up late and sleep in late—were 10% more likely to die during the six-year study than the ones who called themselves a “definite morning person.” The night owls had higher rates of diabetes, psychological problems, and neurological disorders, too. These problems, the researchers say, could be due to constant misalignment of night owls’ needs with the world’s demands.

SOURCE: *Chronobiology International*

INSIDE OUT

Researchers in Italy have developed a tiny, dissolvable fiber optic sensor that could one day be used to monitor the healing of a bone fracture or a diseased organ from inside the body.

SOURCE: *Optics Letters*



IMPROVE YOUR LIFESTYLE

Hormone therapy for prostate cancer suppresses tumor-feeding hormones. But blocking male hormones can cause men to lose muscle and gain fat, which could lead to heart disease and diabetes. Lifestyle changes could make a big difference. Researchers studied men on hormone therapy for prostate cancer. Half attended a 12-week group program that included exercise and nutrition counseling. The other half continued life as usual. Men in the group program lost about 4 pounds of fat while increasing mobility and muscle strength. The other men gained weight, lost mobility, and saw no change in muscle strength.

SOURCE: *Annals of Behavioral Medicine*



20
million

NUMBER

of new sexually transmitted infections that Americans contract each year.

SOURCE: American Sexual Health Association

MARRIAGE AND MELANOMA

When your spouse tells you it’s time to get that mole on your back checked, do it! Married people have earlier melanoma detection rates than single people, new research shows.

SOURCE: *JAMA Dermatology*

STAY POSITIVE

Rosy Future

Could a good attitude about aging shield you from dementia?

FACING YOUR OLDER YEARS WITH a sunny outlook could have its advantages. In a *PLOS One* study, people who perceived aging in a positive light had a nearly 44% lower risk of developing dementia over the next four years compared to their more pessimistic peers. The protection extended to people who carried the APOE e4 gene variant, which increases dementia risk. The study authors say stress reduction might act as a buffer against mental decline. Though this research can't prove that a good attitude wards off dementia, it doesn't hurt to stay positive while you practice more established brain-protective strategies like exercise, social interaction, and good blood pressure control. —STEPHANIE WATSON



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MEN'S HEALTH

Conversation Starter

Get the latest on screening guidelines for prostate cancer



THE U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF), WHICH SETS WIDELY followed health care guidelines, has updated its recommendations for prostate cancer screening. Here's what you need to know.

In 2012, the USPSTF advised against screening for prostate cancer. The reason: Insufficient evidence supported the use of the prostate-specific antigen (PSA) test, the most commonly used tool to identify prostate cancer. The test, the expert panel then declared, potentially did more harm than good, because positive PSA results frequently led to risky surgery for tumors that might never have become life-threatening.

But many health organizations, including the American Cancer Society (ACS), took a different approach to screening. They held that it should be a shared decision between a man and his doctor after they discussed the potential risks and

benefits. Based on new evidence and reassessments of existing research, the USPSTF now makes the same recommendation for shared decision-making.

"This brings all the major organizations together," says ACS Chief Medical Officer Otis Brawley, MD. "The USPSTF guidelines will have an impact on practice, and I think there will be a rise in the types of discussions we want men to have with their doctors."

Brawley recognizes significant obstacles to such discussions, however. Chief among them: How to work a conversation about prostate cancer into busy primary care practices. "That's something we are going to have to work on," he says.

The USPSTF estimates that one in 10 PSA-screened men will test positive for prostate cancer. As many as half have tumors that will cause no harm. For them, treatment may present greater risks than the cancer itself. For every 80 men treated, 50 develop erectile dysfunction, and 15 develop urinary incontinence.

Often, for men whose cancer is deemed a low threat, a better alternative is active surveillance, in which a urologist who specializes in prostate cancer tracks the disease rather than immediately treating it.

"For most men diagnosed with low-risk prostate cancer, observation may be a good option, but this is a conversation you want to have with your doctor before your diagnosis," says Brawley. "You want to understand the issue beforehand."

ASK YOUR DOCTOR

Q When should I talk to my doctor?

The USPSTF advises physicians to discuss the benefits and risks of screening with their male patients ages 55 to 69. For older men, the USPSTF says the risks of screening outweigh the benefits.

Q Am I at higher risk of prostate cancer?

African-American men and men with a family history of prostate cancer have a higher risk of the disease. Some medical groups, including the ACS, recommend earlier discussions. Currently, the USPSTF does not.

Q If I am diagnosed with prostate cancer, what happens next?

Your doctor will refer you to a urologist, who can help you decide the best course to take. Keep in mind that many more men die with prostate cancer than from prostate cancer.

Q Are these recommendations the final word?

Probably not. As doctors' understanding of the disease improves, recommendations should improve as well.

Search for the slideshow
Top 11 Medical Expenses
at WebMD.com.

HEALTH & WEALTH

Healthy, Wealthy, and Wise

Personal finance guru **Suze Orman** marks the re-release of her bestseller, *Women & Money*, with savvy tips to protect your finances—and health—as you age



Q How is health tied to financial security?

ORMAN Health and wealth are closely related. When you don't have the money to pay your bills, you have stress. When you have stress, you have inflammation in your body. When you have inflammation in your body, you could become ill. When some people don't have money, they don't go for check-ups, they don't go to a doctor. And when they postpone something that's little, little grows into big, and big can grow into severe.

Q What's your number-one tip—financial or otherwise—for living a long, healthy life?

ORMAN The number-one thing to live a healthy life is to not have debt. The type of debt I'm talking about is credit card debt and student loan debt. When you have credit card debt, that means you've been living above your means. And it stresses you out, especially if all you can do is pay the minimum payment every month.

Q What's the biggest mistake people make when financially planning for their future health needs?

ORMAN One is that they don't have a living revocable trust with an incapacity clause in it that allows somebody to sign for them if they become incapacitated. A living revocable trust is a document that protects you and your assets—and saves your beneficiaries thousands of dollars in probate [the official process used to prove the validity of a will]. An incapacity clause says who your trustee

is going to be. If you have a stroke, you fall and hit your head, or you're in a car accident, that person can step in and take care of your money for you.

Q Why is an advance directive and power of attorney for health care critical for everyone to have?

ORMAN An advance directive is a directive to your doctors in advance of your illness [that specifies] what medical treatment you want and do not want. Do you want to be put on life support? Do you not want to be put on life support? The durable power of attorney for health care is granted to the person who you have designated to make life decisions for you if you are not able. Everyone should have these documents. It's never too soon.

Q What should you do with the advance directive and power of attorney paperwork?

ORMAN You should keep them in a safe place, but not in a safety deposit box, because your family may not be able to access them if their names aren't on the box. Put them in a fireproof and water-resistant case in your home, or just somewhere safe and sound. I would review them once a year and every time there is a change. For example, maybe you originally said do not resuscitate, but now you want to be resuscitated.

Q What are the risks of relying solely on Social Security and Medicare to pay for our health care needs as we grow older?

ORMAN Artificial intelligence is now replacing service jobs. It is replacing manufacturing jobs. It is replacing the everyday worker in almost

every possible profession. When you have machines doing the jobs of people, and you no longer have people paying into our taxes and our FICA and our Medicare and Social Security, you have less money going into those pots at the exact same time that you have more people getting older. In just a few years, the first baby boomers will turn 85. So now you have more people using the system with less money in that system. If you count on anything other than what you yourself create, you're going to find yourself up a financial creek with no paddle.

Q Why do you recommend purchasing long-term care insurance?

ORMAN Long-term care insurance covers the cost of nursing home care. One in three people older than age 65 will spend some time in a nursing home. But your health insurance will not pay for a nursing home stay. Medicare only pays for a nursing home stay for the first 100 days, if you're lucky. Medicaid will pay for a nursing home, but only if you're financially destitute.

Q What should people look for in a long-term care insurance plan?

ORMAN A good plan is one from a company that's been around for a while. You should check how many

times they've increased their premiums and look into their rescission ratio—how many policies they've declined.

Q What mistakes do women, in particular, make when it comes to their health and money?

ORMAN The biggest mistake women make with their money is that they hand it over to someone to take care of it for them, and they do not monitor the person. They also put their kids' needs in front of their own.

Q How much should people have saved up for things like unexpected medical expenses, and where is the best place to keep that money?

You need at least an eight-month emergency fund—enough to cover eight months of mandatory expenses. All of that should be in a money market fund.

Q What is your personal health philosophy?

ORMAN Your body is your temple. The only way to stay healthy is to eat healthy, exercise, and drink lots of water.

LISTEN TO THE PODCAST

New episodes of "Women & Money" are available every Thursday at PodcastOne.com and Apple Podcasts. You can also send questions to Orman on social media with #AskSuze or via email: AskSuzePodcast@gmail.com.

Top 5

SUZE ORMAN ENCOURAGES YOU TO TAKE THESE ACTIONS RIGHT NOW TO IMPROVE YOUR FINANCIAL HEALTH.



1. PRIORITIZE

Get as much pleasure in saving as you do in spending. This change of attitude will make a happier, healthier you.

2. ONLY SPEND MONEY ON NEEDS, NOT WANTS

If you did that for one year, you would be amazed at how much money you saved.

3. CREATE A LIVING REVOCABLE TRUST WITH AN INCAPACITY CLAUSE

It allows someone else to take over your finances if you become too ill to handle them and saves your beneficiaries thousands of dollars in court costs at your death.

4. GET AN ADVANCE DIRECTIVE AND POWER OF ATTORNEY FOR HEALTH CARE

These let your doctor know your wishes regarding medical care if you're unable to communicate them and appoints a person to make medical decisions for you if you can't make them for yourself.

5. DON'T RELY SOLELY ON SOCIAL SECURITY AND MEDICARE

These government safety nets likely won't cover your retirement costs in future years.

BY THE NUMBERS

78% Percentage of women who discuss health issues with their partners.

80% Percentage who say they're uncomfortable talking with loved ones about their finances.

62% Percentage of women who say Social Security will be their main source of retirement income.

98% Percentage of Social Security income a 55-year-old woman who lives to age 89 will spend on health care expenses.

\$79,000

The approximate amount a healthy 55-year-old woman will pay more than her husband in retirement health care expenses—because she'll live two years longer.



Search for the article **How Do I Know If I Have PTSD?** at WebMD.com.

MIND MATTERS

Emotional Minefield

People with PTSD can include men, women, and children who have never fought in combat but who wage a silent, often terrifying, inner battle

→ Gender Specific

Women's PTSD symptoms are different than men's and are more likely to include depression and anxiety.

SAY THE WORDS "POST-TRAUMATIC stress disorder"—PTSD—and most people envision a male veteran returned home from combat who still wages psychological warfare against frightening flashbacks and jittery nerves.

However, this mental illness is not solely a battle for veterans—of either gender. According to the National Center for PTSD, nearly 8% of all Americans will have symptoms of PTSD during their lifetimes, with women more than twice as likely as men to develop the disorder. Compare that figure to the 7.3% of all living Americans who have served in the military—and then consider that even the modern active-duty military is only 15% female.

Elizabeth Hoge, MD, associate professor, Department of Psychiatry, Georgetown University School of Medicine, Center for Trauma and the Community, says PTSD can affect any person, including children, who has endured the trauma of war, terrorism, violent physical assault, or natural disaster.

"It occurs in some people who've experienced a threat to their life or bodily integrity, with intense feelings of fear, helplessness, or horror," Hoge explains.

Both veterans and civilians with PTSD share similar symptoms.

Continued on page 16

4 Treatments

ELIZABETH HOGE, MD, SAYS ARMING PEOPLE WITH PTSD WITH THE RIGHT PSYCHOLOGICAL TOOLS CAN HELP THEM WIN THE FIGHT AGAINST A DEBILITATING MENTAL ILLNESS.

EXPOSURE THERAPY

"We slowly expose someone to their fears in small steps," Hoge says. "We can't reproduce the traumatic experience, but we can revisit specific memories and other triggers."

MEMORY RECASTING

"Talking about a traumatic memory during therapy allows a person to store the memory differently in the brain," says Hoge, making it far less threatening to reflect upon.

FEAR CONDITIONING

"Sometimes those with PTSD can no longer distinguish between what is safe and what is dangerous," Hoge says. "We try to change how the brain reacts to outside stimuli, like loud noises."

BLOOD TEST?

New research out of Maastricht University, The Netherlands, shows changes in the blood at the genetic level among some, but not all, former combat soldiers who were tested, suggesting a blood test for PTSD may be possible one day.

Continued from page 15

“There are four symptom clusters we see,” Hoge says. “They are: re-experiencing the event through nightmares or flashbacks after a memory is triggered; avoidance of trauma-related places, people, or things; negative thoughts about themselves or the world, with no strong feelings anymore for anyone; and hyper-reactivity, such as being easily startled by loud sounds, trouble sleeping, or sitting with your back to the wall so you can see everyone. The world no longer feels like a safe place.”

Gender differences do occur. The National Center for PTSD reveals that “women are more likely to be jumpy, have more trouble feeling emotions, and avoid things that remind them of the trauma. Men are more likely to feel angry and have trouble controlling their anger. Women with PTSD are more likely to feel depressed and anxious, while men with PTSD are more likely to have problems with alcohol or drugs.”

“It’s normal to have symptoms immediately after trauma,” Hoge says, “but signs of PTSD can generally be diagnosed after about four weeks.” While 70% of Americans undergo some type of trauma during their lives, only 20% go on to develop PTSD. For those who do develop it, suicidal behavior is a concern, so intervention is key.

“Treatment for PTSD is medication or psychotherapy,” Hoge says. “The Veterans Association says trauma-focused psychotherapy should be tried first. We see good results with it.”

WORK WISE

Sound Off

The constant clamor of equipment, vehicles, or machines at work could damage your hearing and heart



CONTINUOUS LOUD NOISE CAN CAUSE permanent hearing loss. Turns out, it can increase your risk factors for heart disease, too. According to a study by the Centers for Disease Control and Prevention (CDC), people who are exposed to loud noise at work for at least four hours a day several days a week have a greater risk of high blood pressure and high cholesterol—both risk factors for heart disease.

“Noise is thought to cause physical and psychological stress to the body,” says Elizabeth Masterson, PhD, an epidemiologist at the CDC’s National Institute for Occupational Safety and Health (NIOSH). “When you have chronic stress, it produces a chronic stress response, which can contribute to high blood pressure and cholesterol.”

HOW LOUD IS TOO LOUD?

The study surveyed workers from every industry and occupation. The din came from various sources, such as heavy machinery, sirens, or planes. Workers who had the highest risk for elevated blood pressure and cholesterol heard “loud” or “very loud” noise on a regular

basis. “Loud means you have to raise your voice to be understood by someone three feet away. Very loud means you have to shout,” Masterson says.

More precisely, 85 decibels or more is a hazardous noise level and can do permanent damage to your hearing. To give you an idea, the volume of the average conversation is about 60 decibels. You can check the noise level at your workplace with a smartphone app. Several, including CDC’s NIOSH Sound Level Meter, are available for free.

HOW CAN YOU LIMIT YOUR RISK?

If all U.S. workplaces reduced noise to safe levels, they would spare the hearing of more than 5 million workers. “That’s a lot of workers whose quality of life could be preserved, because when you lose your hearing, it really affects your quality of life,” Masterson says.

If you work in a noisy environment, take action to reduce your exposure. “Nearly every worker can do something to limit their risk,” says Masterson. “Whether it’s moving away from the noise, reducing the time you hear the noise, or wearing hearing protection.”



Search for the slideshow
A Visual Guide to Endometriosis
at WebMD.com.



WOMEN'S HEALTH

Endometriosis 101

Could you have this condition and not know it? Possibly. Our expert debunks some myths and misconceptions.

ENDOMETRIOSIS IS ONE OF THOSE CONDITIONS THAT, DESPITE BEING FAIRLY common, is surrounded by some mystery: No one knows exactly what causes it, and experts aren't sure how many women have it. Some estimates suggest that endometriosis affects more than 11% of women, but it's hard to say for sure because the condition is tricky to diagnose.

"Endometriosis is a condition in which the glands that normally live in the lining of the uterus implant in other locations," says Lauren Streicher, MD, associate professor of obstetrics and gynecology at Northwestern University Feinberg School of Medicine. That migrating tissue often lands elsewhere in the pelvis, but it can also take root in the bowel, bladder, or even the lungs.

Despite some uncertainties, experts do know many things about endometriosis. Here, we replace some common misconceptions with the facts.

MYTH: IT ALWAYS HURTS

The most well-known symptoms include severe pelvic pain, especially during your period. Many women also have pain during sex, says Streicher, who's the author of *Sex Rx*. That said, many women who have endometriosis don't realize it because they never have discomfort. That's OK; if it's not bothering you, you don't need to treat it.

ASK YOUR DOCTOR**Q Will hormonal birth control help?**

Usually, yes. Pills, patches, rings, or a hormonal IUD can keep symptoms in check by suppressing your periods.

Q Do I need surgery?

If hormones (like birth control or injections of

a drug called Lupron) aren't working, it's possible. Individual lesions can be removed, or, if you're done having children, you might consider a hysterectomy.

Q What if I'm trying to get pregnant?

If you're using hormonal birth control, you'll have to stop. Some women with endometriosis may need to see a fertility specialist.

MYTH: AN ULTRASOUND OR MRI CAN SHOW YOU IF YOU HAVE IT

Many things can suggest that you might have endometriosis, including the above-noted pain, trouble getting pregnant, and a family history of the condition. But the only way to confirm it is to have surgery. You wouldn't do that for the sake of getting an official diagnosis, but you might need surgery if you have symptoms that haven't improved with non-invasive treatments like hormonal birth control.

MYTH: IT DOESN'T HAPPEN IN TEENS

If you're menstruating, you can have endometriosis, says Streicher. She notes that endometriosis symptoms tend to get worse over time but sometimes start early. "You can have a teenager with very severe endometriosis," says Streicher.

MYTH: YOU CAN'T GET PREGNANT

While some women with endometriosis have trouble conceiving, others get pregnant easily. Streicher says that this myth sometimes leads women to forgo birth control. Unless you want a baby, always use protection.

Search for the slideshow
Working Out When You're
Over 50 at WebMD.com.

FITNESS SMARTS

On the Right Track

People who exercise tend to outlive people who don't. Here's what researchers now know—and what you can do to boost your life span.



→ **Faster, Better, Stronger**
Stepping up your exercise intensity can lengthen your life.

THE JURY IS IN: EXERCISE HELPS YOU LIVE LONGER. A MOUNTING BODY of research suggests being active plays a key role in longevity.

A recent study in *JAMA Internal Medicine* found that people who didn't exercise had a higher risk of early death than people who did.

Another study, published in the *British Journal of Sports Medicine*, found exercise to be as powerful as quitting smoking. In this study, older men who worked out 30 minutes a day, six days a week, cut their mortality risk by 40%—which is similar to breaking a smoking habit.

This comes as no surprise to Walter Gaman, MD, a physician at Executive Medicine of Texas. “Doctors have long been telling patients to exercise for better health, even before the studies explained why this was such a good idea,” he says.

For one thing, exercise can keep you young on a cellular level, says Gaman. When you exercise, your telomeres, or the ends of your chromosomes, get longer. Longer telomeres are associated with a longer life, while shorter versions are tied to chronic disease and early death.

The emotional benefits may also play a role. “When you exercise, your body produces endorphins, the feel-good hormones that relieve stress. People who exercise are happier—and happy people live longer,” Gaman says.

START HERE

“According to research, the magic formula to increasing longevity is 150 minutes of moderate exercise or 75 minutes of intense cardiovascular exercise per week,” says Gaman.

Moderate exercise includes activities like brisk walking, doubles tennis, water aerobics, and biking slower than 10 miles an hour. Intense activities include running, swimming, singles tennis, jumping rope, hiking uphill, and biking 10 miles an hour or faster.

Something is definitely better than nothing. One study suggests that being active, even if it's less than the recommended amount, cuts your risk of early death by 20%. But you'll fare better by meeting the recommended guidelines. According to the same study, hitting those targets slashes your risk of dying at a younger age by 31%. Going above and beyond—working out two to three times more than recommended—cuts your risk even further, by 37%.

If the recommended guidelines of 150 minutes of moderate exercise or 75 minutes of intense exercise seem out of reach, start somewhere. Even if you do just 10 minutes of exercise

today and work up from there, you're on your way.

And it's never too late to start. In the study that compared exercise to quitting smoking, the average age was 73. So even if you're in your 70s, it's not too late to reap the rewards of living longer from exercise.

RELAX—ACTIVELY

You can also boost your odds of living longer in your downtime. A study in *PLOS Medicine* suggests people who do more active leisure activities, like walking and biking, live longer.

But leisure activities tend to vary widely, so it's hard to establish a strong link, Gaman notes. “Exercise that gets your heart pumping and stronger is good,” he says. That includes tennis, racquetball, biking, and walking. Slower activities—like gardening—don't give you the same bang for your buck, but they're good for flexibility and strength.

KEEP IT UP

It's best to make exercise a regular part of your life. “The main idea is to get moving and stay moving,” says Gaman.

Bumping up the intensity is also good. A study in *JAMA Internal Medicine* suggests the more vigorous exercise you do, the longer you'll stretch your life span.

“Try to take a brisk walk every day,

even if it's just around the block. Then find one to three days when you can commit to a more intense workout,” Gaman says.

ROUND IT OUT

To bolster your odds of living longer, make other healthy lifestyle choices too, like eating well. “Avoid things that cause chronic inflammation, like processed carbohydrates and sugary foods,” says Gaman. “Instead, focus on fresh fruits and vegetables with lots of color variations for a wide range of nutrients.”

And remember that study that compared the benefits of exercise to the benefits of quitting smoking? Don't do one in place of the other. Go for both.

WHAT'S NEXT?

Now that they know exercise is linked to longevity, experts hope to find out more about how it affects people individually. Not everyone responds to exercise the same way. While some people see big gains in fitness from a particular type of exercise, others have smaller gains. Some scientists think it may have something to do with genes—and they hope to learn more.

“The wave of the future is going to be using genetic markers to identify exercise programs that are based on individual needs,” says Gaman.

Live Longer—and Better

NOT ONLY DOES EXERCISE HELP YOU EXTEND YOUR LIFE, IT ALSO HELPS YOU LIVE A BETTER ONE. HERE'S HOW.



REDUCE STRESS, ANXIETY, AND DEPRESSION

Working up a sweat relieves tension and helps you relax. It also helps manage anxiety and depression.

HELP YOU SLEEP BETTER

Exercise can help you fall asleep faster and sleep more soundly.

BOOST YOUR SENSE OF WELL-BEING

You may have a “feel-good” sensation right after exercising. By working out regularly, that feeling may last beyond your workout sessions.

4 Lessons

WALTER GAMAN, MD.
DOESN'T JUST TALK THE TALK; HE WALKS THE WALK. WHAT WORKS FOR HIM MAY WORK FOR YOU, TOO.

SWEAT TOGETHER

“I exercise with my spouse. Doing it together keeps us both motivated and gives us a common thread.”

VACATION WISELY

“Don't use a vacation as a reason not to exercise. I like to plan trips that incorporate outdoor activities.”

DON'T RUIN IT

“Exercise and nutrition go hand in hand. Don't cancel out your workout with a midday doughnut.”

LET IT ROLL

“Listen to music. Not only does it keep me going, it's a nice distraction. It helps me turn off work and turn on ‘me’ time.”

GETTY IMAGES

GETTY IMAGES

HAIR CARE

Make the Cut

Regular trims are a healthy hair measure. But what do you do if you can't make it to the salon for a pro cut? Pull out your shears—you can snip your ends at home!

IF YOU'RE NERVOUS ABOUT SELF-SNIPPING YOUR HAIR, don't be, says Christopher Byrne, senior stylist at Complexions Spa for Beauty and Wellness in Albany, New York. Start by sectioning and clipping up the top half of freshly washed and blow-dried hair. Next, divide the remaining hair in half and pull half over your left shoulder and right shoulder. "Make sure to pull it forward and comb out all slack in the hair," says Byrne. Using a mirror, trim off a quarter to half an inch of the hair. Repeat the same on the opposing side. Divide the top section in half again and then pull over your right and left shoulders. Repeat the combing and trimming until all hair has been pulled forward and incorporated. A DIY trim not your thing? Use a salon-quality smoothing shampoo and conditioner to seal the cuticle at the end of your hair until you can make it to a stylist.

—AYREN JACKSON-CANNADY



Search for the slideshow
Your Guide to Anti-Aging
Skin Care Essentials at
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REVIEWED BY *Mohiba K. Tareen, MD*
WebMD Medical Reviewer



→ **Rub It In**
Apply sunscreen whenever you are out in the sun, not just on the beach.

BEAUTY SMARTS

Beyond the Basics

You're probably schooled on the key skin-care rules, but you may not be familiar with some advanced tips. Here are the next-level tactics your dermatologist uses on her own skin.

WHEN IT COMES TO SKIN CARE, DERMATOLOGISTS PREACH THE SAME fundamentals: Keep skin clean, wear sunscreen, and use a retinoid. And the reason you've heard this every time you sit on an exam table in a paper gown is because this advice really works.

But beyond these tactics, experts tuck equally effective strategies into their skin-care arsenal that go above and beyond cleanser, sunscreen, and retinoid.

"Taking care of your skin is not just about skin care," says Whitney Bowe, MD, a dermatologist in Briarcliff Manor, New York, and author of *The Beauty of Dirty Skin*. "You have to take a 360-approach with diet, stress, and sleep—it all counts. Your skin is a window into your overall health."

So, keep your sunscreen and retinoids handy, but try some of these not-so-common ways dermatologists keep their skin healthy.

WATCH THE SUGAR

"Lowering your blood sugar and keeping it stable can act as an anti-ager. Sugar causes glycation, which damages collagen and other structures in the skin. Getting enough sleep and avoiding stress can help keep blood sugar even."

—*Leslie Baumann, MD, founder and CEO of Baumann Cosmetic and Research Institute, Miami, Florida*

LAYER ON THE SUN PROTECTION

"When it comes to UV protection, layers and reapplication are key. Even heat, indoor lighting, and infrared light may contribute to hyperpigmentation, so I wear a mineral-based sunscreen lotion containing titanium dioxide and zinc oxide (such as ISDIN Eryfotona Actinica) and add a dusting of mineral powder sunscreen over that (try Colorescience Sunforgettable Total Protection Brush-On Shield SPF 50). Not to mention I start with a daily antioxidant serum to give my skin an extra coat of defense. I like SkinBetter Alto Defense Serum."

—*Dendy Engelman, MD, dermatologic surgeon, New York City*

"If I'm going to be in the sun, I like to double down on sun protection and mix a physical sunscreen containing titanium dioxide SPF 50 with an SPF 70

sunscreen that uses chemical ingredients like avobenzone and ecamsule and a drop of foundation. This offers better protection and gives better coverage."

—*Rebecca Tung, MD, chair of division of dermatology, Loyola University of Chicago, Illinois*

"The neck loses high levels of elastic tissues and needs lots of help to prevent sagging. I am a big fan of creams containing enzymes that allow peptides to promote newer, fresher collagen for firmer skin, such as Alastin Skincare Restorative Neck Complex. And most important, you need sunscreen on the neck every day, too."

—*Carolyn Jacob, MD, dermatologist, director of Chicago Surgery and Dermatology, Chicago, Illinois*

MAKE THE MOST OF RETINOIDS

"For a retinoid to be the most effective, you have to find the highest potency you can tolerate and then stick with it. I find that most people give up due to side effects like redness, peeling, or irritation, so they never reap the benefits. To make a retinoid easier to tolerate, I mix it directly into a small amount of unscented moisturizer and then apply a moisturizer on top of that. It can take a month or more for the skin to adapt to a retinoid—then the side effects go away but the benefits continue."

—*Laurel Naversen Geraghty, MD, dermatologist, Medford, Oregon*

"I use prescription tretinoin that I mix with moisturizer. (I like Aveeno Daily Moisturizing Lotion.) I make sure to apply it to my neck and use a little around my eyes."

—*Rebecca Tung, MD, chair of division of dermatology, Loyola University of Chicago, Illinois*

AVOID INFLAMMATION

"Whey-based protein supplements have been linked to inflammation in the skin, which contributes to conditions such as rosacea, psoriasis, and acne. I suggest using plant-based supplements instead. There are good vegan formulas available, such as Genuine Health Vegan Protein Plus Vanilla."

—*Whitney Bowe, dermatologist, Briarcliff Manor, New York City, author of The Beauty of Dirty Skin*

LOAD UP ON ANTIOXIDANTS

"I get antioxidants as many ways as I can—in my diet with green tea, coffee, polyphenol supplements, fruits, and vegetables and topically in products that contain vitamin C, green tea extracts, and resveratrol. You need the protection from damage that can lead to signs of aging."

—*Leslie Baumann, MD, founder and CEO of Baumann Cosmetic and Research Institute, Miami, Florida*

"Antioxidant supplements are just as important as serums. My favorite is HelioCare, which is derived from a fern plant extract from South America. Take one every morning or two if you're headed to the beach for a supplemental dose of antioxidant protection."

—*Whitney Bowe, MD, dermatologist in Briarcliff Manor, New York City, author of The Beauty of Dirty Skin*

KEEP PERSPECTIVE

"I believe in everything in moderation. You don't have to be perfect all the time—parcel it out! Just be good 80% of the time."

—*Rebecca Tung, MD, chair of division of dermatology, Loyola University of Chicago, Illinois*

THE SCOOP

Drop Droopy Lids

EYELIDS HEADING SOUTH? HELP PREVENT DROOPY/SAGGY UPPER LIDS AND WATCH THINGS START TO LOOK UP WITH THESE TIPS FROM **ANNA GUANCHE, MD**, A DERMATOLOGIST IN CALABASAS, CALIFORNIA.



SEEK SHADE

Sun damage speeds up the loss of elasticity in eyelids. Always wear sunscreen or sunglasses to protect eyes from skin-damaging UV rays.

SLEEP RIGHT

Reducing salt intake helps with overnight puffiness. And wiping off makeup before you hit the hay keeps small particles of eyeshadow or other cosmetics from slipping into your eye, which leads to irritation and puffiness.

PICK A PERFECT PRODUCT

Upper eyelids are sensitive due to the anatomy and tracking of the eye because of the opening and closing of the lid (the lower lid is largely stationary). You can apply emollients, such as Aquaphor, which keep lids hydrated while you sleep.

GO PRO

Injections of neuromodulators (such as Botox) can help lift the tail of the eyebrow and therefore reduce the hooding from the lateral eyelid—this is called a chemical brow lift.

Aisle Do

ADD THESE SOOTHING SOAKS TO YOUR SHOWER CADDY TO SOOTHE MUSCLES, RELAX THE BODY, AND STIMULATE CIRCULATION.

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PRODUCT PICK

DR. TEAL'S EPSOM SALT SOAKING SOLUTION DETOXIFY & ENERGIZE (\$5)

"I use this soak once or twice a week to help relieve stress and aching muscles. What I like most about the soak is how rejuvenated I feel days after."

JoElle Lyons-Lee
esthetician, Rockville, Maryland

PRODUCT PICK

AURA CACIA LAVENDER ESSENTIAL OIL (\$12)

"This provides natural-looking color without the horrible smell that some self-tanners come with. Tip: Shave and exfoliate before using self-tanner. This helps give the active tanning ingredient dihydroxyacetone an even surface to adhere to."

Tanya Kormeili, MD
dermatologist, Santa Monica, California

PRODUCT PICK

ME! BATH LAVENDER LULLABY (\$10)

"After a long day, these bath bombs—made with botanical oils and purifying minerals—are always comforting and soothing. They relax the mind and release muscle tension."

Fran Cook-Bolden, MD
dermatologist, New York City

GETTY IMAGES

EXPERT PICKS

Seasonal Swaps

Your wardrobe isn't the only thing that needs adjustment as seasons change. When temps dip, show your skin some love by swapping in these products that protect—recommended by Maral Skelsey, MD, a dermatologist in Chevy Chase, Maryland.



1. SPRAY AND GO
Aquaphor Advanced Therapy Ointment Body Spray (\$10)

"Ointments are great to relieve dry, cracked skin and are a good replacement for less moisturizing lotions and creams. But applying ointment all over can be a chore. Aquaphor spray delivers the benefits of an ointment for the body, but the application is a breeze."

2. TRIPLE THREAT
CeraVe Skin Renewing Day Cream (\$23)

"In the summer, lotions with sunscreen protect from the sun without leaving your face greasy. Most of us need more moisturizing in the winter, and switching to a cream from lotion gives the necessary boost. This day cream does triple duty with ceramides, sunscreen, and an anti-aging retinol."

3. DREAM CLEAN
Neutrogena Hydro Boost Gentle Cleansing Lotion (\$9)

"Winter saps the moisture from skin, and many cleansers can leave the skin dry and susceptible to redness and flaking. This one removes dirt while keeping skin hydrated. It's a gentle lotion that can be used on dry or wet skin and contains hyaluronic acid, which helps return moisture to the skin."

4. SLEEP TIGHT
L'Oreal Age Perfect Cell Renewal Night Cream (\$25)

"I like this at night as it is more moisturizing than a lotion, and it both hydrates and accelerates cell turnover."

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DERM Q&A

Dry Spells

If your skin flares up with red, itchy patches, eczema may be the culprit. We have the 411 on this common skin condition.



DO YOU GET RED, ITCHY, INFLAMED SKIN WHEN THE WEATHER IS dry? Does it flare up on your elbows and knees? You may have eczema, a skin condition that affects 30 million Americans.

“Many people don’t realize eczema isn’t just dry skin,” says **Colby Evans, MD**, a dermatologist in Austin, Texas. Many factors trigger flare-ups, but eczema is manageable. Evans explains some details about this skin condition.

Q What causes eczema?

EVANS It’s not completely understood. It tends to run in families, along with hay fever allergies and asthma. Many things can trigger flare-ups, like food, fragrances, skin care products, dry weather, irritants or chemicals at work, and irritation from clothing, like wool or shirt tags.

Q How do I know it’s eczema?

EVANS Eczema likes to occur on certain parts of the body, particularly the crooks of the elbows or knees, hands or feet, and cheeks. It’s often dry and rough and tends to flare during dry times of the year, like winter, or in dry climates. Your dermatologist can help you know for sure.

Q When should I see a doctor?

EVANS See a board-certified dermatologist if it’s interfering with your life, relationships, or work, or if it’s severe or worsening. Itching can interfere with sleep, which can cause drowsiness at school and work.

Q How do you treat eczema?

EVANS The first thing is proper daily skin care and moisturizing. Mild, fragrance-free cleansers and short, warm—but not hot—showers are best. Moisturize at least once a day with a thick, fragrance-free moisturizer. Mild eczema can also be treated with topical prescription creams like hydrocortisone, desonide, and triamcinolone. Other topical prescription medications with steroids can calm inflammation; newer non-steroid formulations may also be an option. More severe eczema may require pills, artificial UV light, or injections.

4 Tips

PREVENT FLARE-UPS WITH THESE AT-HOME TIPS FROM **COLBY EVANS, MD**.

MOISTURIZE, MOISTURIZE

Thick, greasy moisturizers are best. You can also try petrolatum or coconut oil.

BATHE PROPERLY

Warm—not hot—water is best. Ask your dermatologist about bath oils or bleach baths, which may help.

DON'T OVER-BATHE

Washing your skin too often can make eczema worse. Take a short shower or bath every other day if possible.

ACT FAST

It’s easier to stop flares in early stages than when they’re full-blown. Talk to your dermatologist and have treatments ready.

QUALITY TIME

Tell Me a Story

Reading aloud to your children brings lasting benefits beyond language



YOU'VE HEARD THE ADVICE BEFORE: READ TO YOUR YOUNG CHILDREN TO give them a jump on language and reading skills. Turns out, that's not the end of the story. In a study of 450 families, children whose parents read aloud to them regularly from birth to 5 years old had better attention spans than kids who didn't have story time. They were also less likely to be hyperactive and to act out. That is, they weren't as prone to take their anger out on the world around them through, for example, aggression, disobedience, and destruction of property. These benefits lasted for up to a year and a half after parents no longer read aloud to their children routinely. One can assume they all lived happily ever after.

—SONYA COLLINS

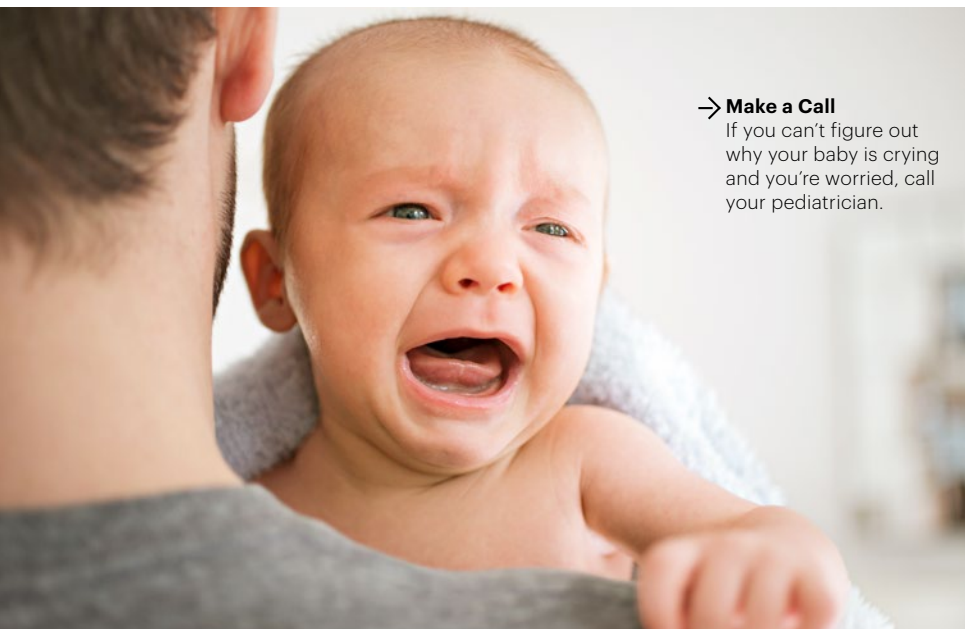


Search for the article **Colic Symptoms Explained** at WebMD.com.

BABY

The Crying Game

Is it fussiness or colic? Sometimes an infant just won't settle. Take a closer look at why babies cry, and check out our tips for weary parents.



→ **Make a Call**
 If you can't figure out why your baby is crying and you're worried, call your pediatrician.

FUSSINESS IS ONE OF THE TOP CHALLENGES FOR PARENTS OF YOUNG infants. **Kristen Slack, MD, FAAP**, pediatrician at Children's Hospital of Philadelphia, answers common questions about crying in new babies.

Q How much fussiness is normal?

SLACK Normal fussiness occurs sporadically throughout the day. It may be soothed by bouncing, patting, or talking to the baby. Think through her basic needs, too. Has she had adequate sleep? Does she need a clean diaper? Is the room an appropriate temperature? Is she well fed? (You may need to feed again sooner than you think—babies can go through growth spurts in which they cluster feed.) Look for signs of hunger, like lip-smacking and rooting, and a ready interest in the breast and bottle when it's offered.

Q When is fussiness "colic?"

SLACK Colic occurs when there is significant fussiness with no identifiable cause, usually in bursts of one to two hours, up to three to five hours a day. The fussiness happens despite the baby being soothed or rocked. It occurs at least three days a week, usually begins about 2 weeks of age, and can last up to three months. It usually peaks at about six weeks.

Q What causes colic? Is it a digestive issue?

SLACK Unfortunately, we still haven't identified the true cause of colic. It's not necessarily tied to feeding or digestion. Often babies are not soothed by stooling or passing gas. That said, we should watch for symptoms that it's something other than colic.

Milk protein allergy or allergies to foods such as soy will cause a change in poops, like really watery stools or the presence of blood or mucus. Moms who breast feed may notice patterns—they'll eat certain foods and their babies are gassy or uncomfortable about 24 hours later.

Q When should I call the doctor?

SLACK Parents have great instincts. If you're feeling worried, give the office a call. Or if the baby is suddenly extremely fussy, and it's atypical, we'd want you to call.

3 Steps

FUSSINESS AND COLIC CAN BE TOUGH ON PARENTS, PARTICULARLY WHEN THEY ARE SHORT ON SLEEP. PEDIATRICIAN **KRISTEN SLACK, MD, FAAP**, OFFERS THREE STEPS TO PRESERVE YOUR SANITY.

REACH OUT

"This is definitely a time to cash in on favors that friends or family may owe you," Slack says. Ask someone you trust to watch the baby for a few hours so you can get a nap, take a walk or shower, or eat a healthy meal.

WALK AWAY

"If you've attended to baby's needs and she's still crying, it's okay to put her in a safe, flat, firm bassinette or crib and walk away briefly, say for 15 minutes," Slack says. It's a reasonable way to reset and recharge before you resume your soothing efforts.

LET GO OF GUILT

"Managing colic can be extremely exhausting," Slack acknowledges. Be kind to yourself and hold on to the fact that colic is not permanent and will pass in the weeks ahead.



Check out **Parenting Message Board** at WebMD.com.

PARENTING

Is Your Child Too Busy?

How a frenzied schedule of extracurricular activities can backfire—and what you can do about it



MORE THAN A DECADE AFTER THE AMERICAN ACADEMY OF PEDIATRICS ISSUED A warning about the decline of unstructured playtime and the impact overscheduling can have on development, U.S. kids are busier than ever.

Sixty percent of children ages six to 17 participate in at least one sport, lesson, or club, and among higher-income families about 11% do all three, according to the U.S. Census Bureau. Add that to tutoring or standardized test preparation, increasing homework loads, and more hours spent in the car rushing between activities; kids now have about nine to 12 hours less free time weekly than they did a few decades ago, says Boston-based clinical psychologist Michael Thompson, PhD, author of *The Pressured Child*.

While extracurricular activities can offer enrichment and a healthy alternative to excess screen time, overdoing it—a trend Thompson sees most often among more affluent families—can leave kids stressed, sleep-deprived, and lacking critical life lessons.

“When your mom and dad are always arranging things for you, you never learn how to arrange things for yourselves,” says Thompson, who tells of highly skilled high school athletes who have never organized a neighborhood pick-up game.

One recent study of 70 6-year-olds, published in the journal *Frontiers in*

Psychology, found that the more time children spent on structured activities, the worse they did on measures of self-directed executive function. Other research suggests a frenzied grade-school schedule may lead to burnout, with 70% of youth sports participants dropping out by age 13, according to a recent survey of 1,000 Americans.

Today’s pressure-cooker schedule likely contributes to soaring rates of drug and alcohol use and depression among teens, says Thompson. It changes the family dynamic, too.

“Parenting can be reduced to time management, where you spend all your time talking about the next activity and no time making dinner together and talking about life,” he says.

How much is too much?

It depends on the kid, says Thompson, noting that some have a huge appetite for extracurricular activities while others hunger for downtime.

The key, Thompson says, is to listen: “Parents get so convinced of the value these activities may offer some day that they don’t hear what their kids are saying.” If they’re struggling to get homework done, look tired, or consistently complain about going to practice, consider it a red flag. And take a hard look at your own life.

Polls show about 40% of parents now spend more than five hours weekly driving their kids from activity to activity; a third of those spend more than 10 hours.

“It’s your life, too,” says Thompson.

4 Tips

MICHAEL THOMPSON, PhD, HAS A FEW IDEAS ABOUT HOW TO AVOID THE OVERSCHEDULING TRAP.

BE REALISTIC

“Don’t raise your child with the college admissions committee in mind,” says Thompson. In reality, only 1% of athletes get sports scholarships, and many colleges value having one gift or passion rather than a long list of hobbies.

LIMIT SCREEN TIME

If kids replace extracurricular activities with electronic devices, that creates other problems. Thompson recommends one to two hours maximum per day for elementary schoolers.

SCHEDULE IDLE TIME

Actively plan time for screen-free reading, hiking, outside play, art projects, time with family, or just daydreaming.

EAT DINNER TOGETHER

Sitting down to eat together provides a time to de-stress and catch up. Studies show kids who eat meals with their family routinely have higher academic achievement scores and fewer behavioral problems.

Search for the article **Teen Depression: Symptoms and Tips for Parents** at WebMD.com.

TEEN HEALTH

Drama Defense

Navigating the stormy seas of adolescent moods requires a calm head and a steady hand—plus knowing when you need to reach for a life preserver



THE DOOR NEARLY FALLS OFF ITS HINGES AS YOUR 14-YEAR-OLD storms into the house after school, throwing her backpack on the floor and stomping furiously to her room. “Everybody hates me!”

she declares with another good hard door slam for emphasis.

Typical teen moodiness? Probably—especially in a younger teenager. The notorious adolescent mood swings are at their worst in the early teen years and tend to stabilize as kids get older, experts have found. “Hormonal changes are at their peak during this time,” says Amy Cheung, MD, MSc, a scientist at Sunnybrook Research Institute at the University of Toronto who specializes in mood disorders in adolescents and teens. “The brain is still maturing, and adolescents are learning things like executive control, how to make good decisions, and use good judgment.”

→ **Change the Subject**
Get your teen to open up by asking about something other than what you think is bothering them.

Big-time emotional and psychological changes are buffeting young teens as well, including the start of high school, learning to drive, first loves and breakups, and the need to define themselves as individuals separate from their families. “A first-grader can’t cross the street or make a simple meal or stay home alone. Six years later, they’re qualified to babysit younger children,” says Cheung. “This is a period when responsibilities placed on young people become much greater.”

The dark clouds that seem to follow your 14-year-old everywhere are likely to dissipate later in high school, but how do you help him or her cope and keep (relative) peace in the family in the meantime?

Get them talking about what’s bothering them. Easier said than done, right? Try changing what you’re asking. “Instead

of pushing about their grades, for example, ask what it is that they’d like to change about their life,” Cheung says. “Maybe your child is having problems with grades and that’s what you want to talk about, but what they’re most concerned about is not being able to hang out with their friends. Focus on what matters most to your teen, not what you think they should care about.”

Suggest that they write down what’s bothering them in a journal. Do not snoop! Respect your child’s privacy.

Set up opportunities for them to hang out with other adults if they give you the brush-off. “A noncommunicative teen may be more willing to open up to a grandparent, aunt or uncle, older cousin, or a friend’s mom,” says Cheung.

Relax and get support for yourself. “Kids do mature,” she says. “It’s a phase—don’t put too much emphasis on it. If they still have a good group of friends, are participating well in school and extracurriculars, and aren’t totally shutting out the family, don’t worry too much about it. Find a friend who has kids that are just a little older and get perspective from that person.”

While moodiness is common at this age, most teens actually don’t go through truly earth-shattering mood swings, Cheung says. She advises

parents be aware of the differences between moodiness and signs of more serious problems. Duration and disruption are two key factors to be aware of. “If a teen breaks up with a boyfriend or girlfriend, you might expect to see a period of sadness,” says Cheung, “but if their grades drop for the semester or they withdraw from all extracurriculars, that’s a warning sign.”

Red flags that your teen might be going through more than just normal mood swings also include:

- Major disruptions in sleep patterns—sleeping too much or having trouble sleeping
- Significant changes in eating habits—either overeating and weight gain or decreased appetite and weight loss
- Frequent complaints of unexplained pains—headaches, stomachaches, and other physical symptoms
- Declining grades or missing school
- Social isolation—withdrawing from friends or activities they enjoy
- Use of alcohol or drugs
- Talking about suicide or self-harm

“These are signs that you need to dig deeper and find out what else is going on,” Cheung says. “Your child could have clinical depression or anxiety, but it could be something else, too—an eating disorder, bullying at school, or an undiagnosed learning disability.”

Mood Modulators

TRY THESE STRATEGIES FOR KEEPING YOUR TEEN’S MOODS IN CHECK.



WATCH THEIR Zs
Mood and sleep are closely related. For teens, the sleep sweet spot is between eight and 10 hours a night. Everybody’s individual sleep needs differ, but if your teen is getting somewhere in that range, research shows that he or she is more likely to wake up on the right side of the bed.

LIMIT SCREEN TIME
Studies find that adolescents who spend more time texting, surfing the web, and posting on social media are less happy and satisfied with their lives. Non-screen activity, on the other hand, appears to correlate with greater happiness.

PUSH PALS
Positive moods are contagious in teens, studies show. If your teen spends time with friends who have a positive outlook, he or she is more likely to catch that sunny disposition.

USE HEALTHY COPING STRATEGIES YOURSELF
When you’re stressed, do you go out for a run, grab a cup of coffee with a friend, or take time to meditate—or do you reach for a glass of wine? “Kids model what they learn from their parents,” says Cheung.

GETTY IMAGES



Search for the slideshow
**25 Most Popular Breeds and Their
Health Issues** at WebMD.com.



PETS

Long Live the Dog (and Cat)

Six simple ways to help your best friend live a longer, healthier life

ROAD TRIPS, LONG WALKS IN THE WOODS, BINGE-WATCHING CRIME DRAMAS—YOUR PET is a constant companion, always at your side. While you know she can't live forever, these six health and wellness tips can increase the odds that she's around for as long as possible.

SCHEDULE A VET APPOINTMENT

Preventive care helps pets live longer, healthier lives. Veterinarians screen for health issues such as heart disease and diabetes and vaccinate against preventable diseases like rabies. Sandra Sawchuk, DVM, veterinarian at the University of Wisconsin School of Veterinary Medicine, suggests annual "wellness" visits for all dogs and cats—and more frequent appointments for older pets.

BE A LITTER QUITTER

Having your pet spayed or neutered not only eliminates unwanted litters of puppies or kittens, it can help them live longer. Research published in the journal *PLOS One* found that intact dogs lived an average of 7.9 years while sterilized dogs lived an average of 9.4 years.

GET MOVING

A whopping 60% of cats and 56% of dogs are obese; one landmark study found that lean dogs lived almost two years longer than obese dogs. "Exercise helps with weight control, and that helps pets live longer," Sawchuk says. The ideal amount of exercise depends on the age and health of your pet, but both dogs and cats should get some exercise every day.

RETHINK MEALTIME

Pets have different nutritional requirements at different life stages. Puppies and kittens need more protein to fuel growth, and senior pets often need kibble that is lower in calories and easier to digest. "There are lots of different fad diets," Sawchuk says. "Work with your vet and not 'Dr. Google' to decide which food is right for your pet."

START BRUSHING

Periodontal disease causes pain and discomfort and increases the risk of serious health conditions, including heart disease. Sawchuk advises brushing your pet's teeth at home with a fingertip toothbrush and pet toothpaste daily. Ask your vet about a professional dental cleaning.

APPLY PARASITE CONTROL

Giving your pet flea and tick medication and heartworm treatments can keep parasites from wreaking havoc on your pet's health. "There's no reason to deal with the chronic diseases that some of these parasites cause when they are so easy to prevent," Sawchuk says. Talk to your vet about the best products for your pet and your environment.

LONGEVITY BY THE NUMBERS

15 to 20

Number of years the average cat lives. A medium-size dog has an average lifespan of 10 to 13 years. Smaller dogs tend to live longer.

10%

Percentage of dog owners who have pet insurance policies. Of cat owners, 5% have health insurance.

29

Age of Bluey, an Australian cattle dog that holds the record as the world's oldest dog. He died in 1939 at the age of 29 years and five months.

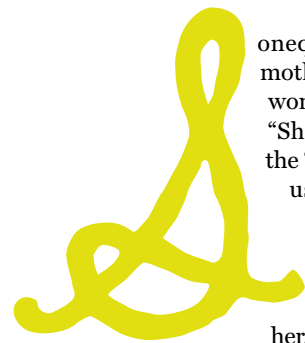
Greatest ROLE

SONEQUA MARTIN-GREEN
LEARNS VALUABLE LESSONS FROM HER
MOST IMPORTANT ROLE YET—
HELPING HER MOTHER THROUGH CANCER

BY GINA SHAW | REVIEWED BY BRUNILDA NAZARIO, MD, WEBMD LEAD MEDICAL DIRECTOR

PHOTOGRAPHY: JONATHAN GRASSI, STYLIST: HEATHER NEUBERGER
HAIR: DAVID CRUZ, MAKEUP: ANNE KOHLHAGEN





onequa Martin-Green says that her mother has always been the strongest woman she knows.

“She’s really a force of nature,” says the “Star Trek: Discovery” actor. “She used to be an athlete, and when my older sister and I would come home from softball or volleyball practices, we used to have our fun wrestling with her. You could not beat her wrestling!

We would always laugh about that. We watched her work all day and then come home and cook and clean and do all of that for us. She’s just a powerhouse.”

So when Vera Martin was diagnosed with colon cancer in 1997, her daughters couldn’t imagine anything but a positive outcome. “She was in so much pain, but I always believed she was going to be fine,” says Martin-Green, who was only 12 at the time. “I couldn’t imagine something like that taking her down. Now, in retrospect, I have such a profound sense of gratitude and respect for my mother and sister because they did a lot of work and made a lot of sacrifice to shield me at the time. I didn’t know that’s what they were doing—but I guess that’s why you shield. I just knew that this horrible thing had happened, but that my mother was going to be okay. A lot of it had to do with our faith in God, and a lot of it had to do with our faith in our mother.”

TAKING A STAND

Martin successfully overcame colon cancer—but more cancer was in the family’s future. In 2010, she was diagnosed with breast cancer, and it seemed that



LEFT: GENE PAGE/AMC; TOP: FRANK OCKENFELS 3/AMC; BOTTOM RIGHT: BEN MARK HOLZBERG/CBS © 2017 CBS INTERACTIVE. ALL RIGHTS RESERVED.



LEFT: Martin-Green in her role as Sasha on “The Walking Dead.”

TOP: Lauren Cohen with Martin-Green on “The Walking Dead.”

BOTTOM: Martin-Green appearing as Michael Burnham with Michelle Yeoh on “Star Trek: Discovery.”

no sooner had she beaten that form of the disease, it returned in the form of a slow-growing stomach cancer, diagnosed in 2013.

“Cancer is everywhere in my family,” says Martin-Green, 33. Her older half-sister was treated for breast cancer in 2014, and several other uncles, aunts, and cousins have been affected by the disease as well. “I know that a lot of people have similar stories, and that’s why I chose to get involved with Stand Up To Cancer.”

The nonprofit Stand Up To Cancer (SU2C) funds cancer research across institutions and disciplines, encouraging collaboration rather than competition to help accelerate the pace of scientific breakthroughs. Martin-Green first joined forces with the organization in 2016 at a New Orleans event for its Innovative Research Grants, which fund cancer research that might not receive support through more traditional avenues. Since then, she has participated in SU2C’s biennial TV fundraisers, and in early 2018, she taped “Stand Up for Us All,” a public service announcement designed to raise people’s awareness about the importance of participation in clinical trials.

“What appealed to me about Stand Up to Cancer was the unity. There is something so powerful about community, to know there are so many people from so many different disciplines in science coming together, shedding their egos, and combining their research,” she says. “They’re world-changers and they’re doing it all as one, and I’m so honored to support this work.”

After being shielded from the worst of her mother’s first cancer battle, Martin-Green says the second diagnosis came with much more doubt and fear: “It was devastating, and only by God and sheer force of strength and will did she get through it.”

CHAMPION, CHEERLEADER, CAREGIVER

Martin-Green has her own regrets about that time. “I had moved from Alabama to New York, I was launching my career, in the middle of shooting a movie and about to get married,” she says. “I did as much as I could, but I couldn’t just pick up and leave. For family members of people who are fighting this, there is such a care/life balance that you have to find. You have to be that caring ear, that shoulder they can lean on, that support system—and you have to find a way to factor that in with everything else that your life requires of you. I did my best to do that. My family understood that there were things I couldn’t do, but I look back at everything my sister had to take on because she was still in Alabama, and to this day I think about it and want to break down and cry.”

By the time the third cancer diagnosis came, in 2013, Martin-Green was determined that she would be as involved with her mother’s care as possible. “I was crowding!” she laughs. At that point she had been cast in her breakout role as Sasha Williams in “The Walking Dead” and was filming nearby in Atlanta.

WHEN CANCER STALKS YOUR FAMILY, SHOULD YOU GET TESTED? TRUE OR FALSE:

Most cancer is inherited.

FALSE

If cancer runs in my family, I will get it, too.

FALSE

If no one else in my family has had cancer, I won’t get it, either.

FALSE

Although a strong family history of cancer can raise alarms about your own possible risk of developing cancer, only about 5% to 10% of cancers are linked to inherited mutations, and most people diagnosed with cancer don’t have a family history of the disease. That said, there are definitely some inherited factors that can increase your risk of developing cancer, such as the BRCA1 and BRCA2 mutations linked to breast and ovarian cancer. If you have a strong family history, what can you do to better understand and face any additional risk you may have?

“If you think you may be at increased risk of certain types of cancer, knowledge is power,” says Banu Arun, MD, co-medical director of the clinical cancer genetics program and a professor of breast medical oncology and clinical cancer prevention at MD Anderson Cancer Center in Texas. “There are options for aggressive screening, early detection, and interventions that can reduce your risk of developing cancer or catch and treat it early.”

Some people with a strong family history may choose to avoid genetic testing because they are anxious about what they might find out and would rather not know. But not knowing carries its own emotional burdens. “When you have genetic testing and the results are positive for a cancer-causing mutation, yes, there is increased stress. But eventually that stress level goes back down because you’re able to work with your medical team to take action to manage your risk,” Arun says. “On the other hand, if you don’t undergo testing, you can never rule it out, so there’s always a subconscious worry, and the stress level over time is much higher than the person who tested positive. And the more knowledge we have, the more we can help you.”

If you think you have an increased risk of developing cancer based on your family history, ask your health care provider for advice on finding a genetic counselor, or get more information from the National Society of Genetic Counselors at aboutgeneticcounselors.com.

“We were in it to win it,” she says. “I was part of all the decisions and strategies and the doctors’ visits I could make as well. They were able to get it very early. And now my mother is 69 and a three-time survivor.”

Over time, Martin-Green says she’s learned her fair share about how to support loved ones who are facing a cancer diagnosis. “I think there’s a bit of normalization that needs to happen,” she says. “People diagnosed with a disease need to feel championed, they need to feel uplifted, and they need to feel normal. It’s not that they need to be delusional or not understand that it’s the greatest fight of their lives, but they do need to know that they are capable of that fight, and they need to know that the people around them believe that, too.”

She and her sister are very aware of the risks they face themselves. “We know how close it is to us,” she says. “What I have chosen to do is focus on making lifestyle choices. I’m now eating a plant-based diet, and my husband and I are both very diligent about eating clean, whole foods. We have been making lots of changes where our health is concerned for several years now, and we’re improving incrementally.”

A strong family history of cancer can be stressful for both family members who are affected and those who are not, says Sharon Bober, PhD, a senior psychologist at Dana-Farber Cancer Institute in Boston: “But taking an attitude of ‘we’re all in this together,’ like Sonequa’s family has done, is very empowering. You can give each other the strength and support to take on early detection, screening, and identifying what you and your family members can do to keep yourself well.”

Martin-Green says she still struggles to balance the demands of being an actor/producer, wife, mother, daughter, and caregiver. “Marriage takes everything you have. Being a mother takes everything you have. Your career takes everything you have. And being a caregiver takes everything you have,” she says. “We are octopuses as women! I have by no means mastered it. There is a constant yearning within me to do more. To be more and to be more engaged. And to be more available and more present and more mindful.”

POWERFUL WOMEN

Martin-Green often de-stresses by enjoying movie marathons with her husband, actor and writer Kenric Green, whom she first met when both were auditioning for a play in New Jersey. (He later joined the “Walking Dead” cast.) “I love movies so much! That was what I did with my family growing up, so that’s what I always want to do to relax,” she says. “Of course, any free time with my husband and my son just feeds my soul. Our son [Kenric Justin II] just turned 3, and he’s such a sensational little boy. We’re quite obsessed with him!”

The move from playing one fierce, strong woman in “Walking Dead” to a very different powerful female character in “Star Trek: Discovery” has been an “all-encompassing” experience, she says. “I did not know what my next step was going to be after ‘Walking Dead,’

but I felt like it was meant to be that I was leaving the show, and I was in such a place of peace. It was right as I was shooting my last episodes as Sasha that ‘Discovery’ came along,” Martin-Green says. “One door closed and another opened.” (“Star Trek: Discovery” debuted in September 2017 and is now in production on its second season, expected to air in 2019.)

Martin-Green is very mindful of the legacy she carries with her “Star Trek” role. As Starfleet officer Michael Burnham, she is the first woman of color to lead a “Trek” series, and one of only a handful of black female leads in sci-fi/fantasy television to date. The original “Trek,” which aired for three seasons in the 1960s, was one of the most racially integrated series of its time, with

I WANT THE THINGS THAT WE explore and nurture IN OUR STORY TO BE reflected in my own life.

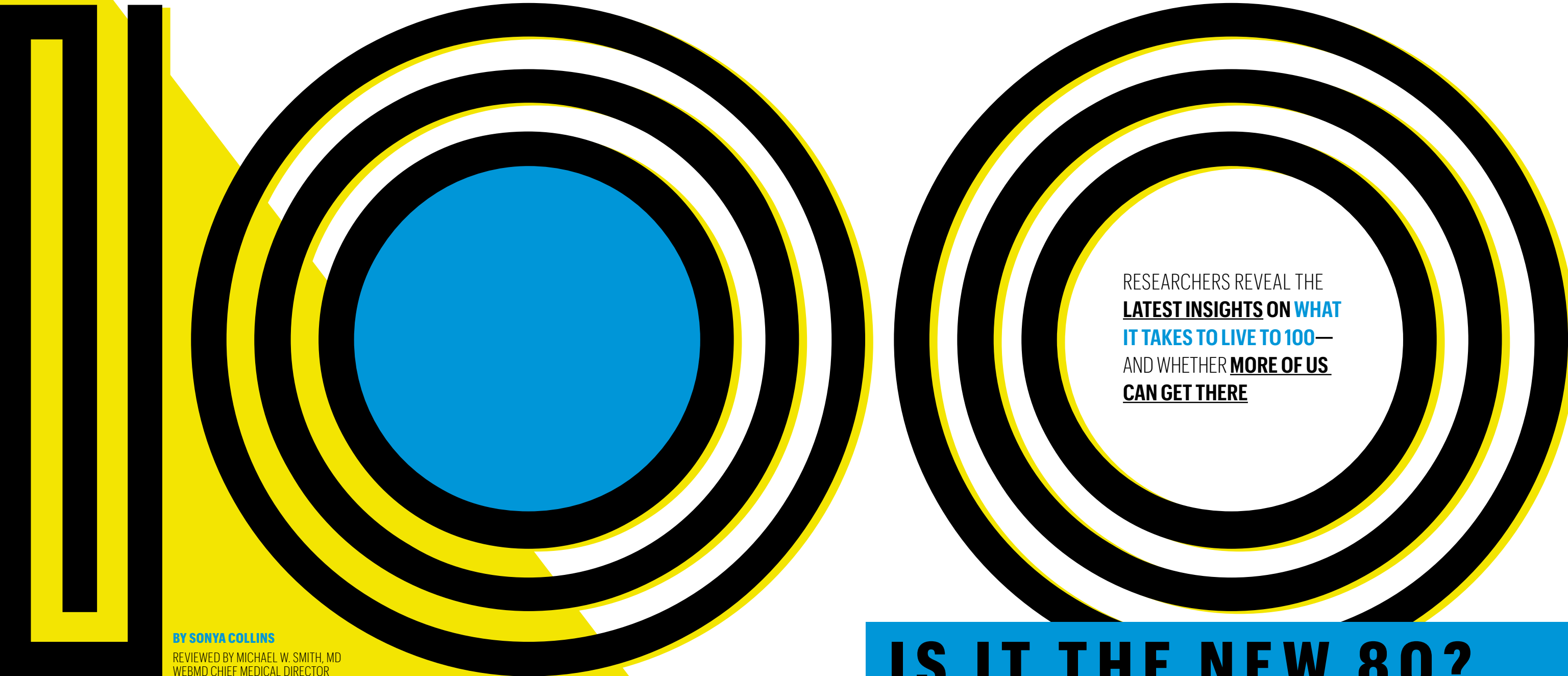
two actors of color—African American actor Nichelle Nichols as Nyota Uhura and Asian American actor George Takei as Hikaru Sulu—in leading roles as respected officers of the starship Enterprise.

The show featured one of the first interracial kisses on television (between Lt. Uhura and William Shatner’s Captain James T. Kirk) and took on major social issues, such as racism, discrimination, and war. “This series has a tremendous legacy for a reason. The story has been barrier-breaking from the very beginning. It brings people together, enlightens them, shows them what is possible for humanity, and what we are capable of,” Martin-Green says. “I want more than anything for us to continue to do this story justice and be something people can be inspired by. And I also want the things that we explore and nurture in our story to be reflected in my own life.”

And if she needs any insights on being a strong leader—in her TV role or her daily life—she doesn’t have to look far. “My mother showed me what a warrior looks like in real life,” she says. “We use that term quite loosely—*warrior*—but I saw her go to war day in and day out, and still give everything to my sister and me. I just want to keep passing that forward and allow how she blessed me to bless someone else.”

AMANDA FRIEDMAN / TRUNK ARCHIVE





BY SONYA COLLINS
REVIEWED BY MICHAEL W. SMITH, MD
WEBMD CHIEF MEDICAL DIRECTOR



RESEARCHERS REVEAL THE
LATEST INSIGHTS ON WHAT
IT TAKES TO LIVE TO 100—
AND WHETHER **MORE OF US**
CAN GET THERE

IS IT THE NEW 80?



LAURA BRIDGES CELEBRATED HER 100TH BIRTHDAY THIS MONTH.

The year she was born in rural Oglethorpe County, Georgia, the flu killed an estimated 50 million people worldwide. As a result, U.S. life expectancy that year was just 36 years for a man and 42 for a woman. The following year, life expectancy returned to the more typical 55. Back then, people died of contagious illnesses like pneumonia, tuberculosis, and the flu. They often didn't live long enough to get cancer, heart disease, Alzheimer's, or other age-related diseases that are among the leading causes of death today.

These days, while statistical life expectancy in the U.S. is about 80 years, living well into one's 80s or 90s is a perfectly realistic expectation for many. In fact, even centenarians—people who are 100 years old or more—are on the rise. In 2015, some 72,000 Americans were centenarians. That's a whopping 43% increase from 50,000 in 2000.

As centenarians' numbers grow, researchers want to know what separates them from those who live the expected 80 years. Of course, you can't underestimate the value of exercise, a good diet, and other healthy choices. But studies show genes are pretty important, too. So, do you have to win the genetic lottery to live an entire century? Or can science unlock the secret to spreading the genetic wealth?

THE CASE FOR GENES

Asked if she expected to live 100 years, Bridges says, **"SURE! I TAKE AFTER MY GRANDMOTHER."** Bridges has in fact outlived her grandmother, who lived to be 99. Her sister Virginia lived to 99 as well. Another sister, Dot, is 90.

Bridges wasn't wrong to expect to live so long simply because her grandmother did. Longevity

runs in families, which has led scientists to search for the genes that might give some families a chronological edge.

"Several genes have been identified," says Sofiya Milman, MD, director of Human Longevity Studies at Albert Einstein College of Medicine in Bronx, New York. "Most [long-lived people in our research] have a few of these genes, but not all of them. And there are probably many more genes we can discover."

Longevity researchers like Milman aren't just studying people who live to a very old age; they are also looking at people who age well. After all, if you want to live to an exceptionally old age, you're probably interested in more than just extra years. You want to enjoy those extra years with a sharp mind and good physical health.

The SuperAging Study, an ongoing clinical trial at Northwestern University, includes people who are older than 80 but still have the memory of someone in their 50s. It's not such a tall order. Exceptionally old age and exceptionally good health for that age, both in body and brain, seem to go hand in hand. "We think they might be on a different trajectory of aging," says Emily Rogalski, PhD, who leads the SuperAging Study. The trial compares super-agers' brains to the brains of average-agers—that is, people whose overall health and memory align with their age. Super-agers' brains, the study has found, look more like the brains of 50-year-olds than like the brains of 80-year-old average-agers.

"The outer layer of the average-agers' brains are thinning two and a half times faster than that of the super-agers," Rogalski says, which suggests that super-agers age more slowly than the average person.

Other studies support the idea of a slower biological clock as well. In a study that compared older adults ages 95 to 112 to much-younger older adults, many of the exceptionally long-lived people developed age-related illnesses, such as cancer, heart disease, diabetes, osteoporosis, and stroke, up to 24 years after the average age most get these conditions.

"They don't just live longer, they live healthier, and maybe that's why they live longer," says Milman. A follow-up to this study found that children of long-lived people tend to have lower rates of age-related diseases, too.

Bridges has enjoyed a disease-free life herself. She lived independently in the home she purchased with her husband, Joseph Bridges, in the Atlanta suburb Doraville in 1962 until she was 98. When she began to show signs of dementia at 98, some 20 years after the average age it develops in those who get it, her son moved her to an assisted-living facility.

Researchers have begun to identify genes that might contribute to the slower aging that Bridges and others like her enjoy. In some cases, the gene's function explains why it might extend life. For example, one gene variant common in exceptionally long-lived people is connected to higher levels of good cholesterol (HDL) and

lower risk for dementia and Alzheimer's. Another gene, also connected with higher HDL, seems to come with better overall health of the arteries. A couple of other genes associated with longevity appear to regulate inflammation and oxidative stress, a type of cumulative damage to the cells. Both are precursors to many age-related chronic diseases. Researchers have found other genes that seem to be common in centenarians or other long-lived people, though they don't yet know what those genes do.

Whatever the genetic cause of these long, healthy lives, it appears to protect against the effects of disease-causing genes and disease-promoting behaviors, too. Centenarians, studies show, carry the same genes known to raise risk for certain diseases that average-agers do. "Yet, they are 100 years old, and they never got these diseases—Alzheimer's, hereditary cancers, they don't have them," says Milman.

Their lifestyles don't seem to be any healthier than average-agers either. When Milman and her colleagues compared centenarians to a group of their peers born in the same era but died much younger, she says, "there really were no differences in exercise, smoking, diet, or alcohol intake, yet some lived to be centenarians and others did not."

THE CASE FOR LIFESTYLE

Of course, genes don't explain everything. They don't tell scientists why lifespan,

and the number of centenarians, has increased so much in the last 100 years.

"We've extended life expectancy almost a third of a century [in that time], and that's mostly from environment," says Claudia Kawas, MD, who co-leads The 90+ Study at University of California Irvine. (The study explores aging well and dementia in people 90 years old and up.)

Kawas notes that improvements in public health, such as reduced pollution, discovery of antibiotics, development of vaccines, improvement in education, and lifestyle changes have all added to life expectancy. In the last 20 years, aggressive treatment of high blood pressure and high cholesterol have helped, too.

Thomas Frieden, MD, MPH, former director of the CDC, credits public health advancements with 25 of the 30 years that lifespan has increased in the U.S. in the last century. It's due to ongoing scientific, medical, and public health advancements that lifespan is only expected to increase. Half the children born in the U.S. in 2000 could live to be 103 years old, projections say. Genes may only account for a quarter to a third of human lifespan. So, it's not as if you're either destined or doomed to be a genetic have or a have-not.

SUPER-AGERS' SECRETS

TO A LONG AND A HEALTHY LIFE

GENES MAY PLAY A RELATIVELY SMALL PART—25% TO 33%—IN HOW LONG YOU LIVE. THE REST IS UP TO YOU. THESE ARE A FEW LESSONS FROM RESEARCH ON PEOPLE WHO LIVE LONG LIVES WITH SHARP MINDS AND HEALTHY BODIES.

A diet high in fruits and vegetables and low in saturated fat, meat, simple carbohydrates, sweets, and full-fat dairy has been associated with longevity in many cultures around the world.

Thirty minutes of exercise a day in your 60s and 70s could reduce the risk of falling in your 90s. Falls in old age can break bones and take away mobility and independence.

Both reading and socializing, when continued into old age, may help stave off dementia.

Moderate coffee-drinkers—those who drink about one to four cups a day—may live longer than excessive coffee drinkers and non-coffee drinkers.

Moderate drinkers—about two alcoholic beverages a day—may live longer than teetotalers.

LAURA BRIDGES WITH HER HUSBAND JOSEPH, CIRCA 1941



When you choose a lifestyle that promotes longevity, you could reap many of the same benefits as those who hit the genetic jackpot at birth.

Milman and her colleagues compared disease risk in adult children of centenarians, who tend to have a lower risk for age-related chronic diseases by nature, to the adult children of average-agers, who tend to have average risk. Centenarian offspring who didn't lead healthy lives had lower overall risk than average-agers who didn't live healthily. But the disease risk of healthy-living average-agers, on the other hand, wasn't very different from that of healthy-living centenarian offspring. "A healthy lifestyle could help close the gap," says Milman.

Keeping up with your friends seems to contribute to aging well, too. Bridges has held on to the same two gal-pals since 1962. **"I'VE GOT ELEANOR, AND I'VE GOT BETTY,"** she says. The three moved to the same street in Doraville within a month of each other in 1962, saw each other through the deaths of their husbands, all within the same six months, and continued to see each other as often as they could until Betty passed away last year.

The super-agers in the Northwestern University study say that they have more satisfying, high-quality relationships than their average-ager peers. They are more likely to say they have friends they can trust and who share their interests.

"When you're staying in touch with your friends, deciding to go out to lunch rather than staying home, maybe in addition to making you feel good, it's doing something good for your brain," says Rogalski.

Numerous other studies have attributed loneliness to poorer mental and physical health, cognitive decline, and a shorter life expectancy. "It's important to keep your friends close as you get older," says Jay Olshansky, PhD, a professor of public health at the University of Illinois at Chicago, where he studies centenarians. "If you can have a partner—married or not—that's really important to healthy survival at older ages."

Maybe all of these things—a healthy

lifestyle, rewarding relationships—make a person happy. Or maybe happy people seek out these things. Either way, happiness seems to be a predictor of longevity. In a study that followed more than 31,000 adults for 24 years, those who rated themselves "very happy" were less likely to die during the study than those who called themselves "pretty happy" or "not happy."

Asked for her secrets to a long, healthy life, Bridges says with a shrug that maybe it's all the vegetables she's eaten. She's exercised from time to time, she adds, never smoked or drank, and she's worked hard. **"AND I'M HAPPY," SHE ADDS. "I'VE ALWAYS BEEN HAPPY."**

LEVELING THE GENETIC PLAYING FIELD

Bridges, like many others her age, may simply have a genetic edge over others in the race to live the longest—and the best. **"I DON'T KNOW WHY I'M LIVING SO LONG,"** she says with a laugh. **"I CAN'T FIGURE THAT ONE OUT."** Those who aren't so lucky will have to pick up the slack with plenty of leafy greens, exercise, and a life that's heavy on friends and free of tobacco.

But one day, what scientists learn now from the genetically lucky could give everyone a boost. If aging at a slower pace protects the exceptionally old from many diseases at once, how can science slow the ticking of average-agers' clocks, too?

Currently, scientists attack age-related, chronic diseases in the same way they attacked contagious illnesses 100 years ago—one by one. That worked for contagious conditions, but that's not

the right approach for heart disease, diabetes, and other chronic conditions, Olshansky says. "When you reduce infectious diseases, you get decades of life in return, but we only get marginal improvements in longevity when we make [improvements in] the major diseases that kill us today."

That's because when you reduce the risk of death from one age-related disease, something else takes its place. "If you cure cancer or heart disease," Olshansky says, "you're going to get more people with Alzheimer's disease."

The solution? Slow the aging process to reduce the risk of all age-related diseases rather than just one. In much the same way that many new cancer therapies target the gene that causes cancer, new drugs could one day switch certain genes on or off to help average-agers live longer, disease-free lives.

Current research explores the possibility for targeted therapies, as well as other drugs, to slow the aging process. One good candidate is metformin—a safe, cheap medication for type 2 diabetes that's been in use for more than 50 years. Studies suggest that it delays aging in animals. The TAME (Targeting Aging with Metformin) trial, expected to launch late this year or early next year, will be the first clinical trial to test the hypothesis in people.

"A minor intervention that slows aging would be bigger than a cure for cancer," says Olshansky, "because it would influence more than just cancer. It would influence heart disease, stroke, Alzheimer's, osteoporosis—everything that goes wrong with us. If we could slow aging, our world would change in very positive ways."

BY THE NUMBERS

451,000

NUMBER OF CENTENARIANS IN THE WORLD IN 2015.

117

AGE OF THE OLDEST KNOWN LIVING PERSON TODAY, A WOMAN IN JAPAN NAMED CHIYO MIYAKO.

3,700,000

NUMBER OF CENTENARIANS EXPECTED IN THE YEAR 2050. THAT'S AN EIGHT-FOLD INCREASE.

178

ESTIMATED NUMBER OF SUPERCENTENARIANS—SOMEONE AGE 110 OR OLDER—IN THE WORLD TODAY.

1 IN 2,083

NUMBER OF PEOPLE IN JAPAN WHO ARE CENTENARIANS—THE HIGHEST RATE IN THE WORLD. NEXT IS 1 IN 2,439 IN ITALY AND 1 IN 4,545 IN THE U.S.

620,000

NUMBER OF CENTENARIANS EXPECTED IN CHINA BY 2050, WHEN THE COUNTRY WILL HAVE THE HIGHEST RATE IN THE WORLD.



The Facts about Facets

BY Lisa Marshall
REVIEWED BY Neha Pathak, MD
WebMD Medical Editor

CRYSTALS, SALT LAMPS, AND ENERGY HEALING MAY ACTUALLY WORK— BUT NOT THE WAY YOU MIGHT THINK

When Sadie Kadlec approached her boss at a high-end fashion firm in New York City to ask for a raise a few years ago, she secretly clutched two small pebbles in her right hand. One was an orange crystal called carnelian, said to promote courage; the other, a pale bluish-green gemstone called kyanite, is said to correspond to the throat, or voice, “chakra” (one of seven spiritual energy centers in the body described in some of the healing traditions of ancient India, including yoga).

Initially, her boss resisted her request. But Kadlec, fueled by a calm confidence that seemed to come out of nowhere, bargained hard and got what she asked for. “I was blown away by what those two stones did for me,” says Kadlec, 30, who now meditates on crystals daily, carries them with her, and teaches classes on how to use them to promote emotional and physical health. “These are pieces of the Earth with their own gravitational force or energy, and you can feel it.”

A decade ago, Kadlec’s story might have been written off as New Age psychobabble,

ILLUSTRATIONS BY JAMES O'BRIEN

but today—in what some are calling the “new New Age”—such alternative healing therapies are everywhere. Google searches for “crystal healing” have more than doubled in the past five years, fueled by endorsements from celebrities such as Katy Perry, Kate Hudson, and Adele, who clutches one during performances to fend off stage fright. You can easily find Himalayan salt lamps marketed as mood boosters and magnetic bracelets billed as pain relievers on Amazon and at Walmart. A Himalayan pink salt lamp was one of Amazon’s best-selling home-improvement products over last year’s holiday season among the company’s Prime subscribers.

Alternative healing centers from San Francisco to New York City are bursting with well-educated millennials from the real estate, finance, and tech industries. They pay big bucks per hour for a session of crystal or “flower essence” therapy, which uses tinctures dropped under the tongue, or Reiki, an alternative therapy that uses no-touch massage to transmit healing energy through the hands.

“We get a lot of people who come to New York to work, realize they need some tools to stay healthy because life is really intense, and say traditional medicine is not meeting their needs,” says Lisa Levine, a licensed acupuncturist and the founder of the popular Maha Rose Center for Healing in Brooklyn. A one-hour Reiki session there runs \$100 to \$175, and a palm-size labradorite crystal will cost you \$30.

Could these treatments really work?

Actually, yes, say neuroscientists and psychologists. But not necessarily for the reasons people are told they do. The placebo effect is almost certainly at play. The mere act of doing something to take control of your destiny can often boost hope, brighten mood, and improve your ability to cope with a chronic condition, says psychologist Stuart Vyse, author of *Believing in Magic: The Psychology of Superstition*. “There is no scientific evidence to support the medical effectiveness of any of these remedies,” he says. “But there is the possibility that they might have an indirect psychological benefit.”

What the Science Says

In all, U.S. consumers spend about \$30 billion a year on complementary and alternative medicine.

Some—like meditation and yoga—are backed by scientific evidence. But for many others, there’s little supporting research.

One of the only studies ever to explore crystal healing was done in 2001 by University of London psychologist Christopher French. He gave 80 volunteers booklets explaining the sensations they might have while holding crystals, including tingling limbs, increased concentration, and heightened energy. Then he gave half of the participants genuine gemstones and the other half fakes made of cheap plastic. Those holding a fake were just as likely to respond physically as those holding the real thing. French’s conclusion: The power of suggestion—not flowing energy—got the credit.

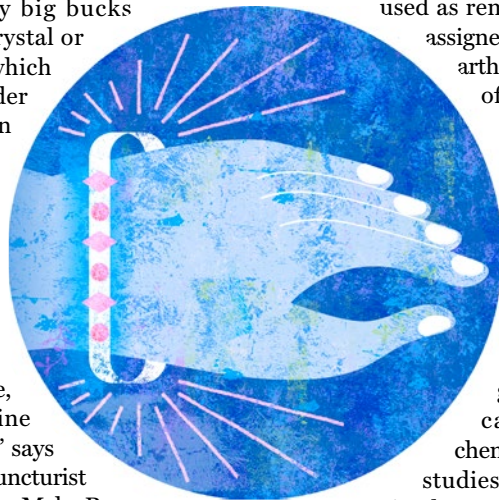
A 2013 study examined magnetic bracelets, often used as remedies for pain. Researchers assigned 70 people with rheumatoid arthritis to consecutively wear one of four different devices (two kinds of magnetic wrist straps, a copper bracelet, and an ordinary bracelet) for five weeks each. They found no difference between the bracelets in easing pain or inflammation.

While Himalayan salt lamp sellers say their lamps give off negative ions that can boost feel-good brain chemicals, they can cite no quality studies. “Is there something about Himalayan salt that releases positive ions in the air and has a therapeutic effect on the human body at a distance? From everything I have read, I would have to say, ‘No,’” says James Giordano, PhD, a professor in the departments of neurology and biochemistry at Georgetown University.

But that’s not to say they don’t help some people, he says. Numerous studies show that short-wavelength blue light can suppress sleep-inducing melatonin, while longer-wavelength reddish-orange lights can stimulate calming brain chemicals, Giordano says. “Himalayan salt lamps put out a really nice, pinkish light, and it’s certainly possible that could induce a feeling of emotional well-being in some people.”

And other things may be at play that scientists don’t have the tools to study yet, he says: “Sometimes scientists think we know how things work, or don’t work, and we really don’t.”

Another explanation, Giordano says, is that the mere ritual of flipping on a salt lamp, holding a crystal, or paying a visit to a Reiki practitioner with



the expectation it can help you can evoke measurable changes in the brain and body—aka the placebo effect.

In other words, if you believe it helps, it just might.

The Real Placebo Effect

Ted Kaptchuk, PhD, director of the Program in Placebo Studies at Harvard Medical School, says the placebo effect is often wrongly assumed to be “all in your head”—a “fake” response to an inert substance. But brain imaging studies show that when a patient performs an action, such as taking a sugar pill or getting a sham acupuncture session, it activates very specific regions in the brain and can trigger the release of feel-good hormones like endorphins, dopamine, and natural painkillers. “We are talking about a real biological process, not something you are just making up,” says Kaptchuk.

Numerous studies show that when patients are told they are receiving a drug that will ease pain, they respond twice as well as when they are given that drug secretly (through an IV or otherwise)—a fact that suggests a large portion of prescription drugs’ effectiveness comes from the power of suggestion.

The placebo effect works even better when patients interact with a health care professional who is attentive and compassionate—qualities that alternative medicine practitioners are well-known for. One study of 262 people with irritable bowel syndrome found that 61% of those



who got placebo acupuncture along with a patient-practitioner relationship “augmented by warmth, attention, and confidence” for six weeks had significant symptom relief. “The magnitude of effect was better than the best drug on the market, and it wasn’t even real acupuncture,” says Kaptchuk, author of the study.

Believe in Healing

Americans—particularly those struggling with chronic disease—are very open to experimenting with the unproven. One-quarter of the people surveyed in a Pew Research survey said they believed in spiritual energy in physical things like crystals and trees. Another study of dietary supplement users found that 80% would continue taking their supplement of choice even if government studies said it was ineffective.

“In many cases, people do not like the answer—or the odds—given to them by their physicians . . . and they are motivated to try unproven or untested therapies,” says Vyse.

Fortunately, most of these alternative therapies lack dangerous side effects, aside from damage to the pocketbook. But people should keep in mind that the placebo effect, while it may lessen symptoms, can’t cure disease, says Giordano: “I view the greatest potential harm with these modalities as one of omission. If people put too much stock in these and don’t utilize medical resources needed for their conditions, that can be a real problem.”

Kadlec gets this. “I would never say Western medicine is not necessary,” she stresses.

Melissa Abe, an event producer and brand strategist from Brooklyn, agrees. If she has a bad infection, she doesn’t hesitate to turn to antibiotics. If she has a crushing headache, she’ll take an over-the-counter pain reliever. But she also visits Maha Rose regularly for Reiki and flower therapy and she meditates with carefully selected crystals daily.

What does she make of the lack of scientific evidence? “Honestly, I don’t give a crap,” she says, matter-of-factly. “All that matters is how I feel, and these things make me feel better.”

ILLUSTRATIONS BY JAMES O'BRIEN

\$28.3 billion

AMOUNT U.S. adults spend annually on complementary and alternative health care approaches for themselves.

\$1.9 billion

AMOUNT U.S. adults spend annually on complementary and alternative health care approaches for their kids.



PERCENTAGE of people who believe in astrology.

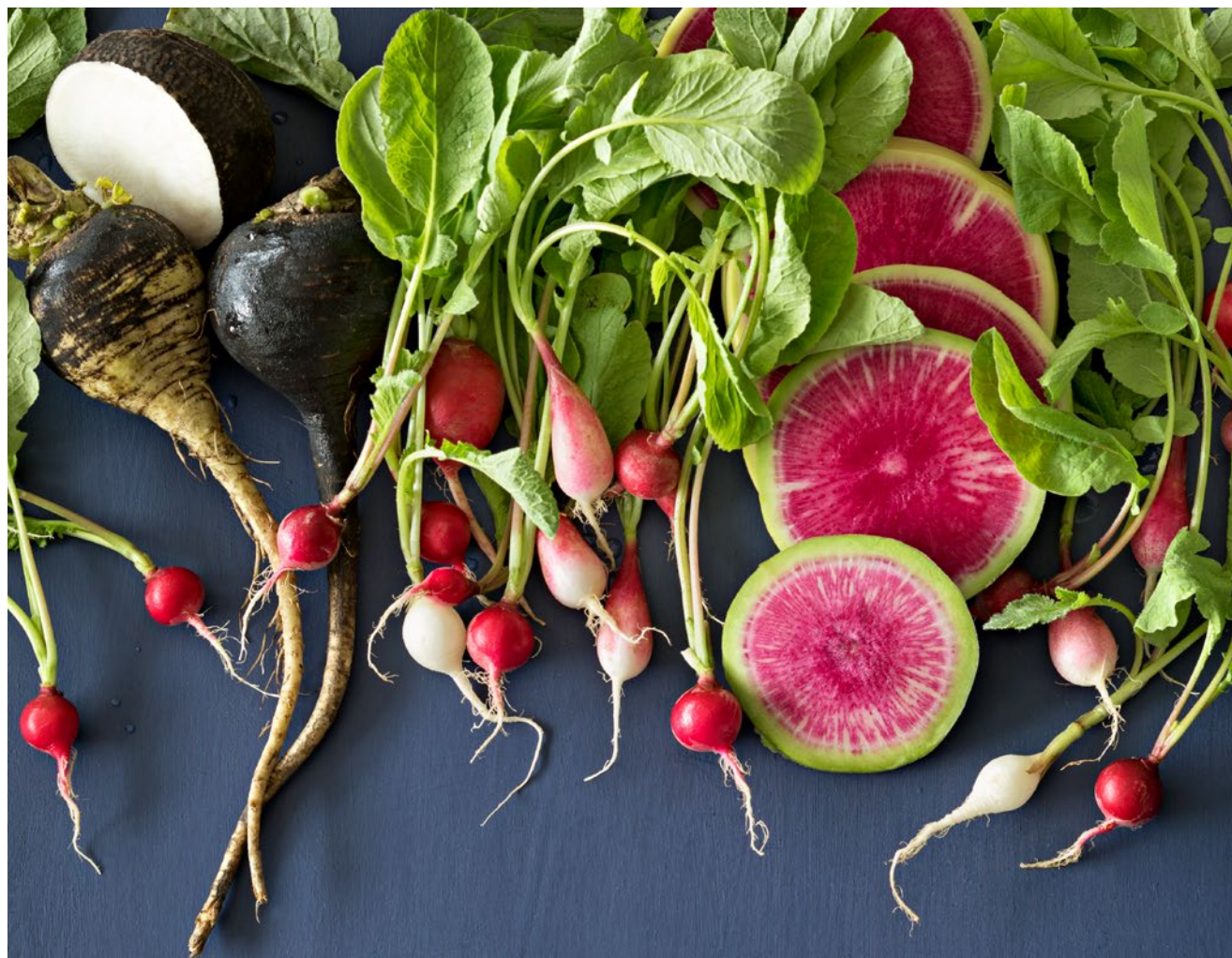
15% PERCENTAGE of Americans who have consulted a psychic.

26%

PERCENTAGE of people who believe physical objects, like trees and rocks, radiate energy.

68%

PERCENT by which the effectiveness of anti-depressant drugs has been attributed to the placebo effect.

**GOOD FOR YOU**

Ravishing Roots

You may think of it as a forgettable salad garnish, but the radish is really a crisp, colorful gem brimming with antioxidants and zingy flavor

REACQUAINT YOURSELF WITH RADISHES. A HALF-CUP OF THESE peppery roots offers 14% of an adult's daily value of vitamin C. And like their cousins—cabbage and broccoli—radishes are cruciferous vegetables, containing the cancer-fighting phytochemical known as sulforaphane. Radishes come in a fantastic array of colors, so be on the lookout for the stunning watermelon radish, which adds flash to salads. Slice raw radishes to serve like chips, with dip, or layer them with a thin spread of butter and a sprinkle of sea salt on toast. You can also toss them with olive oil and roast for 10 minutes until their flesh is slightly brown but still firm, a method that mellows their bite. Indeed, these roots are totally rad. —ERIN O'DONNELL

Search for the slideshow
Say Cheese at WebMD.com.

3 WAYS

Grilled Pizza

Top a premade whole-grain crust with wholesome ingredients, throw it on the grill, and you'll have an impressive, healthy meal on the table in mere minutes



→ The Foundation

Use a premade whole-grain pizza crust or flatbread (available at most supermarkets), which will stand up well to the grill's heat.

1

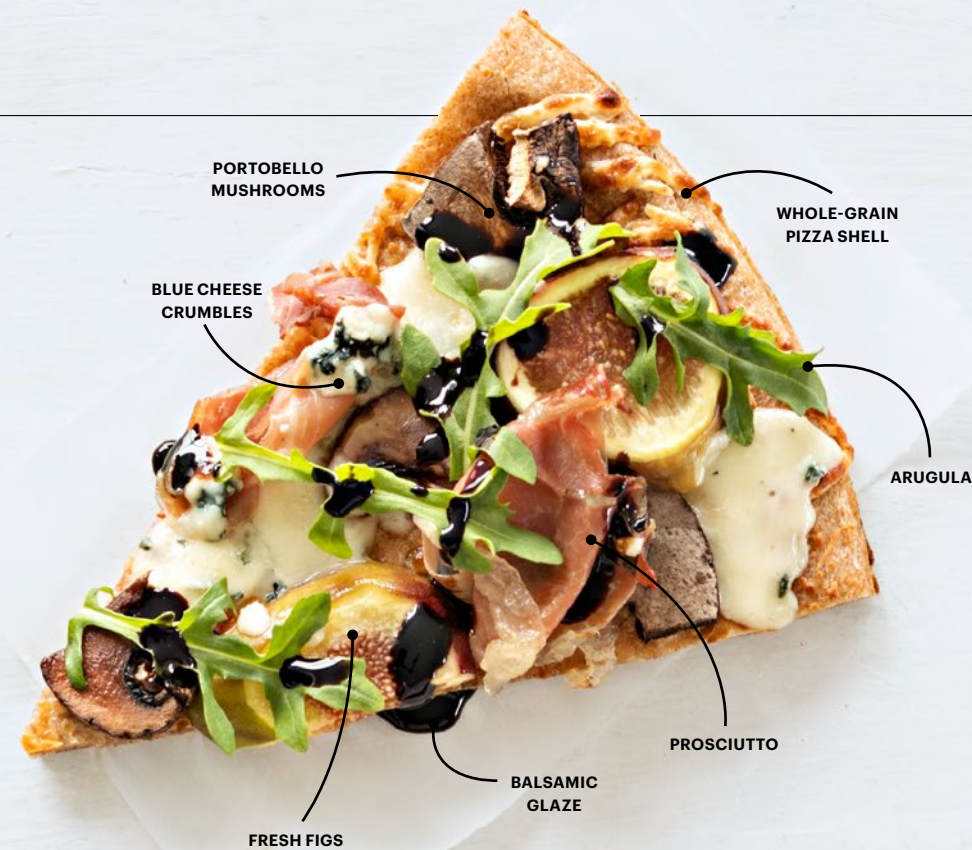
EGG SQUARED

Grilled Eggplant and Egg Pizza

In this recipe, we use Japanese eggplant—a narrower, slightly sweet version of the hearty purple nightshade—but regular eggplant will also work.

MAKE IT Oil grill rack and heat grill to medium-high. Lightly coat eggplant slices with olive oil. Grill eggplant 8 to 12 minutes or until tender and grill marks appear, turning once halfway through grilling. Set aside. Increase grill to high heat. Assemble the pizza: Top the crust with marinara sauce, grilled eggplant, sweet onion slices, baby spinach, and a sprinkle of goat cheese crumbles. Drizzle pizza with olive oil. Crack egg in the center and gently slide pizza onto grill. Grill, covered, 5 to 7 minutes or until crust is light brown, spinach wilts, and egg is firm. Transfer to a cutting board. Top with snipped fresh rosemary. Cool pizza for 5 minutes, then slice. **SERVES 6**

PER SERVING (2 SLICES) | 248 calories, 11 g protein, 28 g carbohydrate, 12 g fat (4 g saturated fat), 42 mg cholesterol, 7 g fiber, 4 g sugar, 329 mg sodium. Calories from fat: 38%



PER SERVING (2 SLICES) | 330 calories, 14 g protein, 46 g carbohydrate, 15 g fat (5 g saturated fat), 15 mg cholesterol, 9 g fiber, 11 g sugar, 470 mg sodium. Calories from fat: 32%

3

THE SWEET-AND-SALTY CLASSIC

Fig and Prosciutto Pizza

This gorgeous pizza combines sweet fresh figs with thinly sliced prosciutto (available at the deli counter) and tangy blue cheese. We like it topped with a quick drizzle of balsamic glaze, stocked in the vinegar section of large supermarkets.

MAKE IT Oil grill rack and heat grill to high. Drizzle pizza crust with olive oil followed by clean, sliced portobello mushrooms, thinly sliced prosciutto, sliced figs, and blue cheese crumbles. Gently slide pizza on grill. Grill, covered, 5 to 7 minutes or until crust is light brown and cheese is melted. Top with arugula and drizzle with olive oil and balsamic glaze. Cool pizza for 5 minutes then slice. **SERVES 6**

2

THE MEDITERRANEAN DELIGHT

Pesto Chicken and Tomato Pizza

Use premade pesto for this pizza, which features shredded chicken breast and a variety of flavorful tomatoes, including red and yellow cherry tomatoes. Serve with a crisp side salad.

MAKE IT Oil grill rack and heat grill to medium-high. On the pizza crust, layer pesto, shredded cooked chicken breast, red and yellow halved cherry tomatoes, chopped sundried tomatoes, and 1 cup shredded mozzarella cheese. Drizzle with olive oil and gently slide pizza onto grill. Grill, covered, 5 to 7 minutes or until crust is light brown and cheese is melted. Transfer to a cutting board, and top with fresh basil and another drizzle of olive oil. Cool pizza for 5 minutes then slice. **SERVES 6**

PER SERVING (2 SLICES) | 368 calories, 20 g protein, 24 g carbohydrate, 23 g fat (4 g saturated fat), 32 mg cholesterol, 4 g fiber, 3 g sugar, 467 mg sodium. Calories from fat: 50%



Search for the slideshow **Veggies That Are Healthy Sources of Carbs** at WebMD.com.

FOOD 101

Savor Squash

Enter the wide world of squash, with their colorful skin, oddball shapes, and range of flavors

SQUASH BOAST NUMEROUS VITAMINS AND MINERALS—WHICH ONES depend on the type of squash—in a low-calorie, cholesterol-free package. But the joy of squash, says Alana Chernila, author of *Eating from the Ground Up*, is their immense variety and versatility: “I could eat squash every day.” Here are four of her favorites.

YELLOW CROOKNECK

Named for its curved neck and curvy base, slice this squash into coins, toss with fresh herbs, olive oil, and lemon zest, then roast briefly in a hot oven.

PATTYPAN

Its distinctive UFO-like shape and a creamy texture benefits most from simple preparations—slice into rounds, brush with olive oil, and sprinkle with salt. Grill and top with fresh herbed ricotta.

KABOCHA

Green or orange, with creamy, starchy flesh, you'll find this squash year-round. Cut into wedges and roast with chile and oil, or braise in soups and stews.

ZUCCHINI

Its mild flavor makes it a perfect blank slate for so many culinary creations. Grate it into chocolate chip zucchini bread, sauté with rosemary and basil for pasta, or marinate and grill.

CUTTING EDGE

Menopause is the phase in a woman's life when a natural decline in reproductive hormones triggers the end of menstrual cycles.

While medicine can't prevent menopause, current research examines the benefits of delaying it, possible strategies to do so, and new ways to relieve some of the symptoms.

Fifty-one is the average age of menopause, but diet could put it off, according to new research from the University of Leeds.

51
YEARS

In a study of more than 14,150 women in the U.K., women who **ate a lot of simple carbohydrates**, including rice and white pasta, **started menopause earlier** (by about 18 months).



In the study, **women who ate the most fatty fish**, such as salmon, herring, and mackerel, started menopause more than **three years later** than their peers. **Fresh legumes**, including green peas, green beans, and lima beans, **delayed the change, too**.



PUSHING MENOPAUSE

a couple years could have benefits. A study that followed 1,315 women since their birth in 1946 found that a later start to menopause meant better memory. The women took a brief word-recall test in their early 40s, 50s, and 60s. Those who started natural menopause later scored better on their

post-menopausal tests than the others. This could mean a lower risk for dementia later in life, the researchers suggest. The age menopause began and memory weren't connected in women who entered menopause due to having their ovaries removed surgically.

A study from the University at Buffalo says that weight gain is not a foregone conclusion in

menopause. Researchers looked at weight gain over time, genetic risk scores for obesity, and the lifestyles of 82,000 women. For those who exercised regularly, genetic risk for obesity didn't matter much in menopause. The exercise counteracted it. As the women got older, their genetic risk for obesity mattered even less.

—SONYA COLLINS

Search for the article [What Pain Relievers Are Safe During Pregnancy?](#) at [WebMD.com](#).

EXPERT Q&A

Drugs and Pregnancy

What do women need to know?



A HEALTHY MOM IS CRUCIAL TO A HEALTHY BIRTH, WHICH IS WHY MEDICATION needs to be considered during pregnancy. Studies show that up to half of pregnant women take at least one drug during pregnancy. **Marjorie R. Jenkins, MD**, director of medical and scientific initiatives at the FDA's Office Women's Health, answers a few top questions.

Q Should women stop taking medicines when they become pregnant? Some may do so out of fear of harming their baby.

JENKINS Sometimes pregnant women take medicine for short-term illness, such as seasonal allergies or headaches. Sometimes they need to take daily medicine to treat ongoing health conditions, such as asthma, high blood pressure, or seizures. Or pregnancy may cause other issues, such as gestational diabetes or preeclampsia, which require medications.

Pregnant women need to talk to their health care provider, who can help them decide if it is safer to stop their particular medicine or

keep taking it for the health of both mom and baby. Women should also ask their provider about the medications they take or may want to take if they are considering pregnancy.

Q How does the FDA inform health care providers about medicine use during pregnancy?

JENKINS It uses drug labeling or package inserts. Labeling at one time used a letter system, such as A, B, C, to show how safe a medicine is during pregnancy. Some people confused this with a grading system, and providers asked for more information. In June 2015, the FDA introduced a new drug labeling system under the Pregnancy, Lactation, and Labeling Rule, or PLLR, which gives health care providers more information such as a risk summary to help them consider health risk factors and animal data in context with human exposure.

PLLR also gives providers human data, if available, and clearly states when no data is

available. This information helps providers compare a medicine's risks versus benefits and better counsel moms and moms-to-be.

Q How can women help collect information about medication use during pregnancy?

JENKINS Women's bodies change throughout pregnancy. Those changes may affect a medication's safety and its effectiveness. Some medicines have pregnancy registries, studies that collect information about pregnant moms (and their babies) who are taking FDA-approved medication. They allow providers to compare results from pregnant women taking a medicine to those who are not.

Women who enroll in a pregnancy registry help inform future moms and assist the FDA with updating safety recommendations. A pregnant mother taking or starting a medicine can ask her provider if a pregnancy registry is available for the drug.

BY THE NUMBERS

6 million

Number of pregnancies in the U.S. each year.

50%

Percentage of pregnant women who take at least one medication.

More than

60%

Percentage by which prescription drug use increased during the first trimester between 1976 and 2008.

This content is created and controlled by WebMD's editorial staff and brought to you by Stand Up To Cancer.

REVIEWED BY *Neha Pathak, MD*
WebMD Medical Editor

SPOTLIGHT

Clinical Trials and You

For people with cancer and other illnesses, clinical trials can offer hope—but know the risks



EVERY YEAR, THOUSANDS OF AMERICANS TAKE PART IN CLINICAL TRIALS DESIGNED to test new, potentially life-saving means of countering diseases like cancer, Alzheimer's disease, and diabetes. Be sure you know the pros and cons before you participate.

Clinical trials offer all volunteers—those who are healthy and those are ill—an opportunity to join the fight against disease and contribute to the advance of medical knowledge, says James K. Gilman, MD: “We’re not letting the disease win.”

To patients, some with incurable cancer or another terminal ailment, clinical trials provide something more. “By participating, you have access to a treatment that shows promise, most often in the hands of people who are at the cutting edge of the research,” says Gilman, CEO of the Clinical Center, the National Institutes of Health’s flagship research hospital. “For example, one of our big areas is immunotherapy, which revs up your

immune system to fight a cancer that doesn’t respond to chemotherapy or is not surgically removable.”

Clinical trials go through multiple phases and often take years to complete. Only about 14% of experimental drugs eventually receive FDA approval. However, unsuccessful treatments usually are revealed in the early stages of testing. By the time a clinical trial reaches its final pre-approval phase, which enrolls the greatest number of patients, researchers have a reasonable degree of confidence in the treatment’s safety and effectiveness, says Gilman. For patients, that means hope.

Still, Gilman urges prospective clinical trial patients to understand the potential downsides: The treatment may not cure or slow your disease, and it could make you sicker.

Before you enroll, talk to a doctor you trust who’s not involved in the research to get an unbiased opinion about what you stand to gain or lose. And then discuss these factors with your family, relatives, and friends close to you. This is especially important if you have a terminal illness, such as an incurable cancer, that limits your remaining time with them. The side effects of treatment during the clinical trial, Gilman says, could make your final weeks or months much harder and less fulfilling.

“Don’t focus simply on the possible upsides, but understand and appreciate the potential downsides as well,” Gilman advises. “Think through it all.”

4 Phases of Clinical Trials

PHASE 1

Usually involves 20 to 80 healthy volunteers. It determines an experimental drug’s safety and side effects and provides initial information about dosages.

PHASE 2

Involves a few hundred people with the disease that the drug aims to treat. This phase also focuses on the drug’s safety. It includes too few people to measure its effectiveness.

PHASE 3

Involves up to 3,000 patients. It tests the experimental medication’s safety, compares its effectiveness with standard or existing treatments, and monitors side effects. Success here often leads to FDA approval.

PHASE 4

Tracks the new treatment after FDA approval to identify any rare or long-term side effects or other complications.



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WebMD's Physician Finder.
Go to [WebMD.com/findadoctor](https://www.webmd.com/findadoctor).

HEALTH HIGHLIGHTS

Living with HIV

Don't let HIV control your life. Follow these expert tips.



10 Ways to Cope

- 1. EAT WELL**
Follow a healthy diet to help support your immune system.
- 2. STAY CURRENT**
Ask your provider about important vaccinations and health screenings.
- 3. KEEP FIT**
Exercise to help boost your energy and fight infection.
- 4. SHARE YOUR STATUS**
Disclose your diagnosis to your partner(s) and confront HIV together.
- 5. MAINTAIN A HEALTHY WEIGHT**
Eat enough protein and calories to avoid excessive weight loss.
- 6. HYDRATE**
Drink plenty of water to maintain energy, absorb nutrients, and reduce medication side effects.
- 7. CHOOSE WISELY**
Consult an experienced doctor and discuss treatment options and strategies.
- 8. MIND YOUR MOOD**
Learn to recognize the signs of depression and address them with your doctor.
- 9. DON'T WAIT**
Start treatment right after diagnosis to best protect your immune system.
- 10. GET TOGETHER**
Join an online or in-person support group to connect with your peers.

EXPERT TIPS

"Take your medications as prescribed. Set reminders on your phone. Put your meds by your toothbrush or breakfast. Taking pills every day can be a challenge, but doing it is what keeps you healthy. This is what keeps your virus suppressed and allows your immune system to be healthy."

DAVID W. ROSENTHAL, DO, PhD
medical director, Center for Young Adult, Adolescent and Pediatric HIV, Northwell Health Physician Partners, Great Neck, New York

"Maintain perspective: Don't let having HIV define who you are. Nothing about you as a person is different. The only real barrier is your own acceptance and understanding. Treat HIV like any other manageable medical condition."

JOSEPH P. MCGOWAN, MD
medical director, Center for AIDS Research & Treatment, North Shore University Hospital, Manhasset, New York

"Maintain all of your relationships. You can have normal, healthy, sexual relationships while living with HIV. We have great ways to prevent HIV from being passed on. Taking your HIV medications every day and keeping your viral load 'undetectable' is the best way for you to remain healthy and keep your sexual partners HIV-free."

MONICA GANDHI, MD, MPH
associate division chief, Division of HIV, Infectious Diseases, and Global Medicine, medical director, HIV Clinic (Ward 86), San Francisco General Hospital

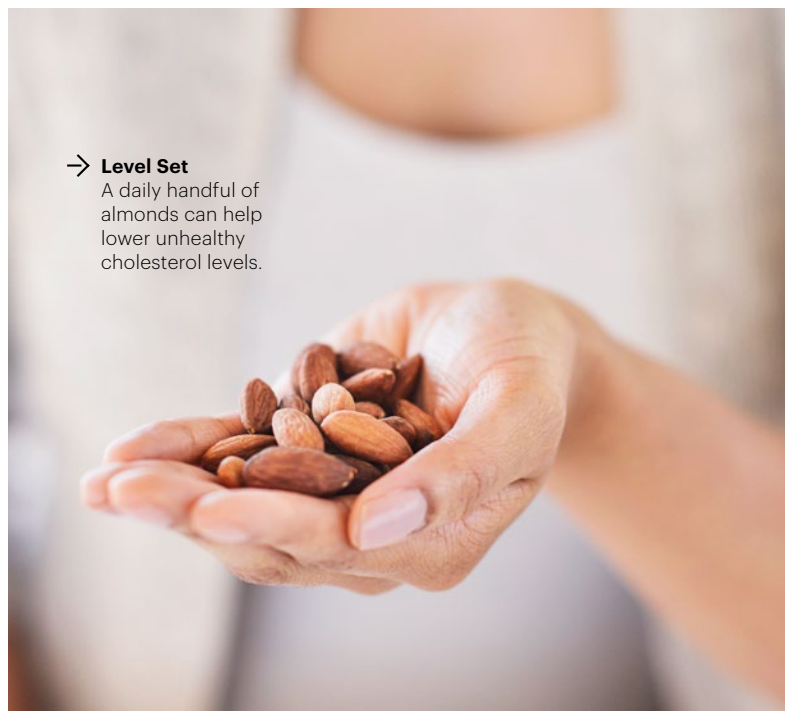
Search for the slideshow
16 Tips to Lower Your
Cholesterol at WebMD.com.

REVIEWED BY *Hansa Bhargava, MD*
WebMD Senior Medical Director

QUIZ

Cholesterol Check

Do you have high cholesterol? If so, your diet and other lifestyle habits could be to blame. Take this quiz to see how to bring your numbers into a healthy range.



→ **Level Set**
A daily handful of almonds can help lower unhealthy cholesterol levels.

ASK YOUR DOCTOR

Q How does my cholesterol level affect my heart disease risk?

High LDL cholesterol increases your odds of getting heart disease. Other factors—like high blood pressure, smoking, and a family history also play into your risk.

Q What is my cholesterol goal?

Ideally, you want to keep your total cholesterol under 200 milligrams per deciliter (mg/dL) and your LDL cholesterol below 100 mg/dL.

Q What changes should I make to my diet?

Eat more cholesterol-lowering foods like fatty fish, nuts, whole grains, fruits, and vegetables. Limit fatty and processed red meats, sweets, and fried foods.

Q Do I need cholesterol-lowering medicine?

If diet and exercise don't lower your LDL cholesterol enough and you're at high risk for a heart attack or stroke, your doctor might recommend a cholesterol-lowering statin drug.

Quiz

1

I often eat red meat and whole-fat dairy products.

YES

NO

2

I eat foods rich in plant sterols and stanols.

YES

NO

3

Nuts are a part of my daily diet.

YES

NO

4

Fish is on my plate at least twice a week.

YES

NO

5

I exercise for 30 minutes on most days of the week.

YES

NO

6

I smoke cigarettes.

YES

NO

Answers

1. Saturated fat is a major dietary contributor to high cholesterol. Foods like red meat, coconut and palm oils, and whole-fat dairy directly raise LDL (unhealthy cholesterol) levels.

2. Sterols and stanols in fruits, vegetables, and nuts—and added to some margarine and orange juice brands—help block cholesterol absorption in your intestines. They could lower LDL cholesterol by up to 15%.

3. A handful of nuts daily could help lower unhealthy cholesterol levels. Just about any type of nut—almonds, pecans, hazelnuts, or peanuts—will do the trick.

4. Fatty fish like salmon, tuna, and sardines are high in omega-3 fatty acids—good fats that increase levels of healthy HDL cholesterol.

5. Walk, ride a bike, swim laps, play tennis, or dance for 30 minutes a day. Routine aerobic exercise is another way to boost your HDL levels.

6. Ask your doctor for advice to help you stop. Smokers who ditch the habit improve their HDL cholesterol levels within one year of quitting.

Health & Aging

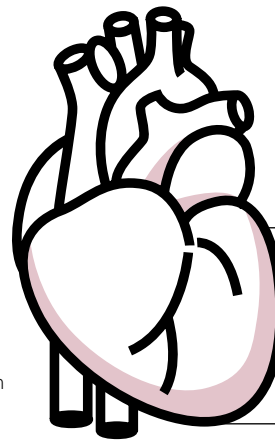
BY THE NUMBERS: Facts and Stats on Trending Health Topics

9% Rise in dementia risk linked to hearing loss



14
MILLION

Number of adults 65 and older with **two or more chronic health problems**



67% Adults older than 65 with high blood pressure

64% Drop in risk of heart failure among the elderly when blood pressure is well-controlled

1 IN 3 Adults 65 and older with hearing loss

2x

Healthy older adults are **twice as likely** to be **sexually active** than those who are less healthy

88%

Estimated **drop in dementia risk** for women who are **very physically fit** in middle age

Percentage of adults ages 65 to 80 who are **sexually active** **40%**

1 IN 4 Adults 65 and older who will fall each year

40% Percentage of falls potentially **prevented by exercise**



41% Estimate **rise in dementia risk** for middle-aged women with **low fitness**

GETTY IMAGES; Sources: CDC, Hearing Loss Association of America, The Lancet, World Journal of Cardiology, European Geriatric Medicine, National Council on Aging, Journal of the American Geriatrics Society, Neurology, University of Michigan

Maria Menounos

Journalist, Actor, Producer, 40

1

What appealed to you about doing the Sirius XM show and podcast *Conversations with Maria Menounos*?

I love having a voice and getting to talk about things that I think are important and that other people need to know. My goal every day is for people to be able to tune in and have a little bit of fun—and also get some takeaway for their life.

2

You and your husband, Keven Undergaro, also have your own network—*AfterBuzz TV*. The website refers to it as the “ESPN of TV Talk.” What’s it about?

We produce after-shows for almost every TV show out there. That’s why the “ESPN of TV talk” label is so accurate.

You watch ESPN for after-game discussion. We do the same thing, but for TV. We’ve definitely built a massive destination for TV fans to go to and have that water cooler discussion.

3

In 2017, you were diagnosed with a brain tumor. What were the first signs that something wasn’t right?

I would be on set, and my vision would go a little blurry, I would get lightheaded and my speech would start to slur, and I would joke about my brain tumor that I didn’t even know I had. Sometimes it would take me two or three attempts to say what I wanted to say.

4

After surgery to remove the tumor, what did your doctor say about your prognosis?

He said they got most of it out—like 99%. I have a 6% to 7% chance of ever having to deal with this again.



5

You’ve said your brain tumor was a blessing. What do you mean?

I needed to change my life. I was running too hard, and I was placing so much pressure on myself as a woman to be perfect at everything and to everyone. I was unhappy and didn’t even realize it. I was exhausted, and I was overworked. I needed to attack life differently and enjoy it more and really focus on my health and my happiness. I’ve been doing that, and I’ve stuck with it.

6

Having lived through a serious health condition, what qualities do you value most in a health care provider?

To me, it’s patience, time, compassion, and focus. It’s very hard for doctors nowadays to have quality time with their patients.

7

What is your health philosophy?

There’s a reason we’re all getting as sick as we are. We’re not supposed to work this hard and this much and not take care of ourselves. I’m not saying that we’re not supposed to work hard, but we have to take care of ourselves at the same time.

8

What kind of health regimen do you follow?

I follow the 80/20 rule: I eat 80% clean; and I let myself have a little bit of fun—20%. And I believe in meditation.

9

What’s the best health advice anyone has ever given you?

My friend Vicky Vlachonis—an osteopath I work with who wrote a book called *The Body Doesn’t Lie*—told me to keep a pain journal. A lot of us don’t remember what we did yesterday. So, I keep a pain journal in my phone of anything that’s going on—whatever symptoms I’m having. And this way when I sit with my doctor, I’m not relying on memory.

10

Which of your five senses do you value most? Why?

After surgery, because of the nerves that the tumor was pressing on, my vision went double and triple and my eyes were rocking back and forth like crazy. My doctors gave me an eye patch for the worse eye, and they said, “We don’t know how long you’re going to have to wear this. It might be a day. It might be a month. It might be two months.” So, my vision would probably be number one after having had that experience because I love seeing nature.

—STEPHANIE WATSON

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STRONGER

THAN RHEUMATOID ARTHRITIS

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MAGAZINE

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SEPTEMBER 2018

FOCUS ON

Joint Damage 101

A LEADING RESEARCHER EXPLAINS HOW RA HURTS JOINTS AND WHY YOU SHOULD ACT TO PREVENT FURTHER DAMAGE

By Stephanie Watson

The signs of rheumatoid arthritis (RA)—swollen, stiff, and sore joints—are pretty obvious to anyone who lives with this disease. Much less obvious are the processes going on under the surface that make joints swell and ache.

Unlike osteoarthritis (OA), in which joint cartilage gradually wears away over years of use, RA is a disease of inflammation. “That inflammation leads to the production of factors that drive joint destruction,” says Ellen Gravallese, MD, Myles J. McDonough Chair in Rheumatology at the University of Massachusetts Medical School.

Gravallese and her colleagues have been studying how inflammation destroys cartilage and bone in RA for the better part of two decades. What they’ve discovered is that a few separate processes are behind joint damage, pain, and deformity.

One process damages bones in the affected joints. Cells within the inflamed joints produce a substance called RANK ligand (RANKL), which increases the production of osteoclasts. Normally, osteoclasts break down bone as part of the natural repair process. Then, other cells called osteoblasts rebuild bone. When inflammation produces massive numbers of osteoclasts, they break down bone too rapidly to rebuild. “It’s like putting fuel on a fire,” Gravallese says.

A separate process damages cartilage, the rubbery connec-

tive tissue that cushions and protects bones at the joint. Inflammatory factors in the joint lining—like interleukin-1 (IL-1), interleukin-6 (IL-6), and tumor necrosis factor-alpha (TNF-alpha)—trigger the production of destructive enzymes that break down cartilage. Inflammation also destroys the scaffolding of bone that supports the cartilage. “It’s like you’re building a house and you lose the scaffold you’re trying to build upon. Therefore, the cartilage attached to that scaffold is going to be destroyed,” Gravallese says.

Pain is often a sign that the inflammation isn’t well controlled, she adds. The better you control inflammation, the less likely you’ll be to progress to joint damage. That’s why it’s important to let your doctor know right away if you have ongoing joint pain.

Thanks to a new generation of drugs that block

inflammatory factors like IL-6 and TNF-alpha, people with RA no longer have to settle for a lifetime of pain and disability. “These drugs are very effective at controlling inflammation in rheumatoid arthritis,” says Gravallese. “If inflammation is under good control, you can prevent the progression of bone destruction in the disease.” Preventing inflammation also does a pretty good job of controlling RA pain, she adds.

As a result, far fewer people with RA have to undergo joint replacement surgery today than in years past. “That’s because we’re so good now at controlling inflammation, and we can prevent the joint damage that previously required surgery,” Gravallese says.

Reviewed by
Michael W. Smith, MD
WebMD Chief Medical Director



? ASK YOUR DOCTOR

1. **Will my RA get worse if I don't treat my pain?** Joint pain in RA is often a sign of persistent inflammation. If you're in pain, see your rheumatologist, who can adjust your medication to better control inflammation.
2. **What else can I do to protect my joints?** Exercise is very important to keep your joints flexible. Swimming, walking, and tai chi are some of the best—and safest—exercises for people with RA.

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HEALTH SMARTS

Loving Care

CAREGIVERS ARE AN ESSENTIAL SUPPORT SYSTEM FOR PEOPLE
WITH RHEUMATOID ARTHRITIS

By Stephanie Watson

When Andre Marcial married Chantelle, his childhood sweetheart, four years ago, he immediately assumed two new roles: husband and caregiver. Since Chantelle was diagnosed with rheumatoid arthritis (RA) nearly 20 years ago, her day-to-day life has been marked by pain, fatigue, and other disabling symptoms that often pop up unexpectedly.

“One thing about rheumatoid arthritis is that it’s unpredictable,” says Chantelle. “Some days my hands hurt. Some days my hips or knees hurt. It can be fatigue, which is sometimes extreme. My medication can also cause side effects. Waking up and just being able to go doesn’t happen much anymore.”

Once they wed, Andre took over, anticipating what Chantelle’s needs and doing the things she can’t manage, like running to the grocery store after work, reminding her to take her medicines, or driving her to doctor’s appointments. Sometimes, that means going straight



from his overnight security job to an appointment. “It’s tiring because by the time we get back it’s usually late. I’m trying to head off to bed to get ready for the next day,” he says.

More than 43 million people in the U.S. are caregivers to a spouse, parent, child, or other loved one with a chronic illness. The burden of caring for someone with RA has lifted somewhat in recent years, thanks to a new generation of disease-modifying

drugs that more effectively relieve symptoms like joint pain and stiffness. Yet even people with well-controlled RA need help—and emotional support.

“I guess the most important thing I do is try to stay positive and encourage her,” Andre says. “I always ask, ‘What’s going on today?’ I just try to be helpful and realize that she doesn’t even know sometimes.”

Though caregiving is a rewarding endeavor for those who do it, watching a

person deal with a painful and debilitating disease can also be frustrating. “I wish I could help ease the pain more,” Andre says.

One way he tries to help is by making sure Chantelle gets to all of her appointments so her doctor can address any issues she’s having. Because she stays on top of her treatment, “my rheumatoid arthritis is pretty well controlled. I work with an amazing team of doctors, and my rheumatologist is wonderful,” she says.

Andre’s support is invaluable. “I would not be functioning if it weren’t for him,” she says. “To have somebody who’s not only supportive but who anticipates what the next step will be is crucial.”

If you’re an RA caregiver and need support, you can find it from arthritis advocacy groups like Creaky-Joints (creakyjoints.org) and the Arthritis Foundation (arthritis.org).

Reviewed by
Neha Pathek, MD
WebMD Medical Editor

4 TIPS

A good caregiver can make a big difference for someone with RA. Here are some ways to help, from Veena Ranganath, MD, UCLA Health rheumatologist and associate clinical professor of rheumatology at the David Geffen School of Medicine.

Be Understanding

RA flares are unpredictable. Understand that a person can have good days—and bad days—and adapt as needed.

Go to Appointments

Doctors’ appointments can sometimes be overwhelming, so go along to listen, note, and remember all of the doctor’s recommendations.

Ask for More Options

It can take up to three months to get relief from a new RA drug. If a person’s current treatment isn’t helping, ask his or her doctor about adding faster-acting drugs like corticosteroids or NSAIDs as a bridge until the drug starts working.

Get Vaccinated

Doctors recommend that people with RA stay up to date on their vaccinations to prevent infections. Get vaccinated, too, and you’ll protect your loved one even more.

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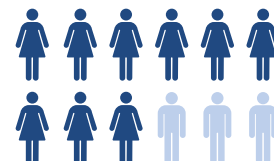
BY THE NUMBERS

Rheumatoid Arthritis

By Heather Hatfield

1.5 MILLION

U.S. adults with rheumatoid arthritis



2x TO 4x

Estimated **increased likelihood of depression** if you have rheumatoid arthritis

1%

Portion of the global population with rheumatoid arthritis

3x

Number of **women vs. men** with rheumatoid arthritis

26%

Projected percentage of American adults with arthritis by 2040

37%

Global percentage of rheumatoid arthritis patients younger than 65 eventually **unable to work**



14.6 MILLION

U.S. adults with any type of arthritis who have **severe joint pain**



\$39.2 billion

Annual U.S. cost of rheumatoid arthritis

20%

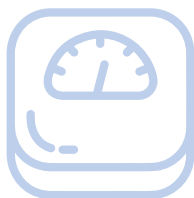
TO

40%

Percentage of patients whose **drug treatment leads to lasting remission**

33%

Increased risk of rheumatoid arthritis **if you are obese**



40%

Increased chance of **early death** among women with rheumatoid arthritis

Reviewed by
Michael W. Smith, MD
WebMD Chief Medical Director

CHECKUP

Your RA Visit

THESE SMART QUESTIONS WILL HELP KEEP YOUR HEALTH ON TRACK

By Barbara Brody



Trust. Honesty. Openness. These qualities are key in any good relationship, and when you have moderate to severe rheumatoid arthritis (RA), that includes your relationship with your doctor.

To start, you should see a physician, usually a rheumatologist, every three months. “You want to continually assess disease activity and side effects of medication. We also do blood work to check inflammation markers and make sure that your kidney and liver function is OK,” says Linda A. Russell, MD, a rheumatologist at the Hospital for Special Surgery in New York.

While testing is important, you also want to have an in-depth conversation with your doctor. These four questions will help guide you.

Q Does pain mean I’m having a flare?

Possibly. “If you’ve already had significant damage to a joint, then it might still hurt even if you’re in remission,” says Russell. This problem is more likely if you developed RA before the introduction of biologic drugs (the first one hit the market in 1998). That said, you should always tell your doctor about any pain so he or she can check it out. Joints that are warm, tender, or swollen with fluid are tip-offs of inflammation that needs to be treated.

Q I think I’m having a flare. What should I do?

Speak up and alert your doctor. “We can increase

your dosage of medication, try changing medication, or give you a short course of oral prednisone [a steroid that fights inflammation],” says Russell. If only one joint is involved, then you might be able to get an injection of cortisone instead of taking oral steroids.

Q What can I do, besides take medication, to improve my pain and mobility?

Being active is really important, though you may need to ease up a little during a flare. “Most people who participate in a regular exercise program feel better and

have less stiffness,” says Russell. It’s especially important to keep the muscles around bothersome joints strong. “If you have bad knees but really strong thigh muscles, that will make it easier to get around,” she says. Losing weight if you’re overweight is also a good idea.

Q I’m worried about catching an infection. What can I do?

You can take steps to keep from getting sick. Most people with moderate to severe RA take methotrexate along with a biologic drug that targets specific parts of the immune system. Biologics work really well to prevent joint damage, says Russell, but because they suppress the immune system, they also leave you vulnerable to infection. Your doctor can explain which vaccines to get and when. Avoiding sick people and practicing good hygiene is also important. If you’re currently sick, your doctor might advise stopping your biologic drug for a few weeks.

Reviewed by
Michael W. Smith, MD
WebMD Chief Medical Director