

STOP STRESS BEFORE IT STARTS

May 2023

Prevention

FOODS THAT HEAL

Find the Right
Mix for
Your Body

GET FIT
WITH
5-POUND
WEIGHTS

WHAT **SKIN**
CANCER
REALLY
LOOKS LIKE

MEDICAL TREATMENTS
YOU CAN *SKIP*

PLUS
VERTIGO
RELIEF THAT
WORKS

TRAVELING
SOON?
READ THIS
FIRST p.62



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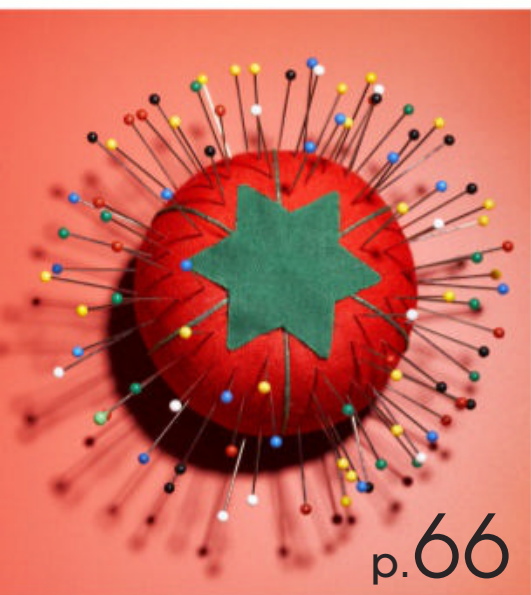
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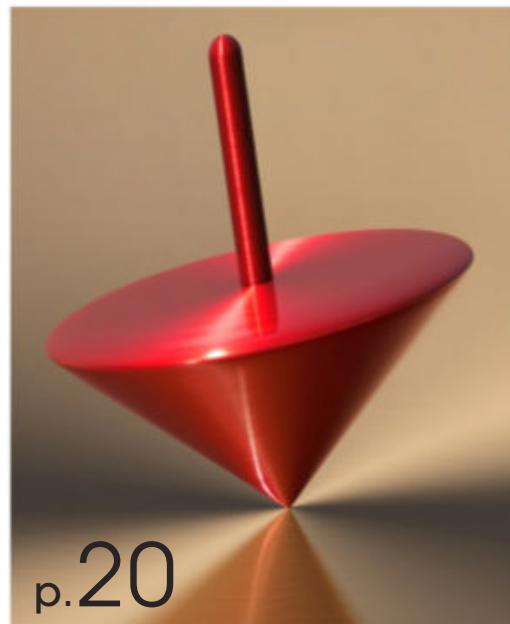
MEMBERS GET MORE!

Read exclusive health articles, download special guides, and get another year of the magazine when you sign up at prevention.com/join.

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PREMIUM



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TOP RIGHT: DAN SAELINGER; BOTTOM RIGHT: GETTY. ON THE COVER: GETTY.

Check Your Skin!

WHILE I'M CONFIDENT

that the articles in *Prevention* and on our site are helpful, it's not every day that I get to say somebody is now cancer free because

of us. But a few months ago I got a letter from a reader who had gone straight to the doctor after seeing "5 Skin Cancer Pictures to Help Guide Your Mole Checks" on prevention.com.

"I had a strange spot on my arm that had recurred three times," wrote Shari Morse, who lives in Michigan. "I came across the photos in your article and realized that it looked and sounded a lot like basal cell carcinoma." She was right. The carcinoma was removed in one go, and she's now doing great. "This type of cancer is really one of the 'better' ones to get—but I definitely lost sleep over it," she says. And though she's good about sun protection these days, she had "countless" sunburns as a kid—she'll now be seeing the dermatologist every six months. "It was a wake-up call!" she says.

Shari found our story after doing a Web search regarding a spot that was, I have to say after seeing a picture of it, very small! So I wanted to make sure all of you had a chance to see pictures of skin cancer even before you might think to look. A version of the article that helped Shari is on page 22. Cut it out and tape it to the inside of your medicine cabinet—and don't leave home without SPF!



Sarah



This family wears sunscreen. From left: Kadie, Kami, Kendall, Shari, and Jeff (plus Reese in front!).



Join me for a free webinar!

There is a lot of fascinating research—and good news—about brain health these days. So I'm excited to invite you to a free live webinar on brain aging I'm hosting with the American Federation for Aging Research. It's on April 26 at 3 p.m. ET. **Sign up at afar.org/events.**

LEFT: PHILIP FRIEDMAN. ABOVE: COURTESY OF SUBJECT.

Take Proactive Steps

To Help Identify Cancer Earlier

OneTest™ may help detect many common cancers at their earlier, more treatable stages. It's an accessible, affordable way to put you in better charge of your health.

Q&A

Why is early detection so vital?

A study published in August by the American Cancer Society (ACS) noted that "screening of asymptomatic persons for cancer represents a bedrock of cancer control because it increases the probability of successful treatment." But the current recommended screening tests address cancers that account for only a third of all cancer deaths. New tests for the early detection of multiple cancers from a single blood draw may help detect a range of cancers with no current screening options. The ACS study identified individuals over age 50, as well as those with a smoking history, high BMI, or a family history of any cancer, as those who "may benefit from enhanced cancer screening and prevention interventions."

What's the role of a blood test in early detection?

Tumors produce antigens that can be detected in the blood, often at the early stages of cancers.

How does OneTest™ work?

OneTest™ is a simple blood test that screens for multi-cancers in the body, including cancers of the lung, colon, pancreas, prostate, ovary and liver. In addition to measuring a panel of biomarkers, **OneTest** incorporates machine learning to derive a personalized risk assessment for developing cancer. When repeated yearly, **OneTest** can identify rising biomarker levels which might be a sign of early stage cancer.



Get Started

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to Purchase**

OneTest™ Online



Or call (240) 453-6339,
prompt 2

Learn About the Science Behind



Please visit
onetestforcancer.com/science

Get **10% OFF**
your first
purchase of
OneTest.*
Use Discount
Code **PV10.**

OneTest™ should not be used as a substitute for traditional screening that your doctor or leading medical organization recommend such as colonoscopy or mammogram. Source: Patel, A.V., Deubler, E., Teras, L.R., Coldite, G.A., Litchman, C.J., Cance, W.G., & Clarke, C.A. (2022). *Key risk factors for relative and absolute 5-year risk of cancer to enhance cancer screening and prevention.* American Cancer Society Journals - Cancer, 128 (19), 3443-3445. **10% discount offer on first purchase of OneTest expires on 5/31/2023. **Physician authorization required. Telemedicine authorizations available.

PULSE

Take In the Wonder of Nature

Going out of your way to enjoy Mother Nature's beautiful creations could be an easy way to lift your spirits. People reported more feelings of awe when they viewed images of natural events they wouldn't necessarily witness every day—like sunrises, sunsets, rainbows, and starry skies—than when they saw photos of ordinary sunny conditions or blue skies, says a study in the *Journal of Environmental Psychology*. Awe is an emotional state that's often difficult to elicit, but it's one we should strive to experience more often, as it can help improve mood and increase positive emotions, say researchers from the University of Exeter. Try timing a few daily walks for right around sunset, set an earlier alarm every so often to enjoy your morning coffee with the day's first light, or pause and enjoy the colors of a rainbow the next time one graces the post-storm sky.



Know Your Biotics

The Good Housekeeping Institute's Registered Dietitian Nutritionist, Stefani Sassos, shares what to know about your gut's main players so you can get what you need for good digestion, a strong immune system, a steady mood, and more.

PREBIOTICS

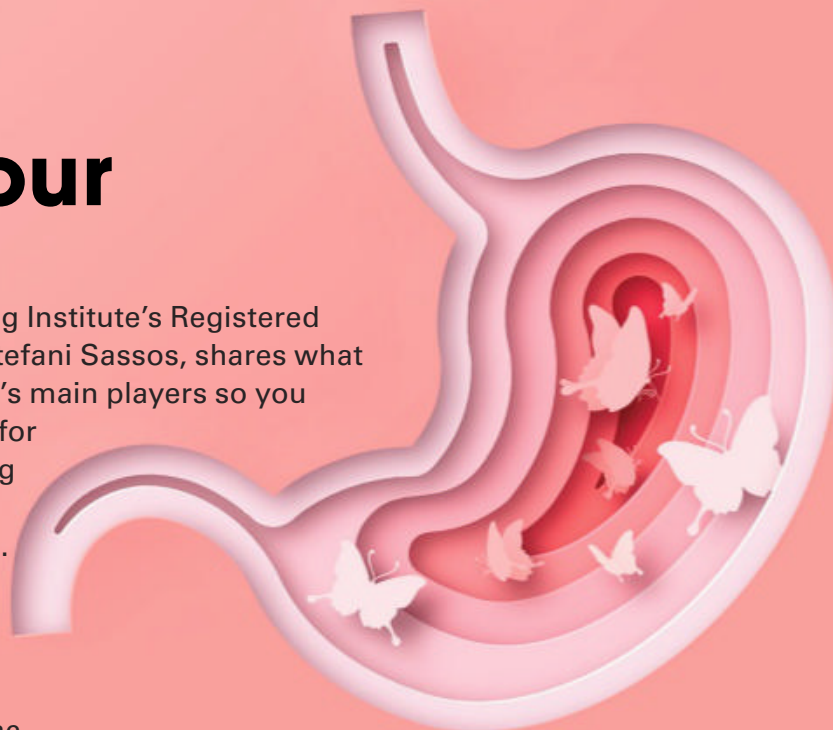
▶ **What they are:** A form of plant fiber that feeds the gut's good bacteria so they can thrive.

▶ **Sources:** Bananas, onions, garlic, Jerusalem artichokes, asparagus, apple skins, dandelion greens, oats

PROBIOTICS

▶ **What they are:** Live strains of bacteria that enhance the trillions of existing good gut bugs. You want an array of probiotic strains living in your gut, since each does something different.

▶ **Sources:** Probiotic yogurt, kefir, raw



kombucha, raw sauerkraut, miso soup, kimchi

POSTBIOTICS

▶ **What they are:** When probiotics feed on prebiotics, it creates these by-products that help good bacteria flourish and slow the growth of harmful ones.

▶ **Sources:** Eat a variety of foods rich in prebiotics and probiotics to create these vital by-products.

SYNBIOTICS

▶ **What they are:** You'll

see this phrase on gut health supplements, signifying a combo of prebiotics and probiotics; research hasn't made clear whether ingesting the two in this form is more effective than eating foods rich in them.

▶ **Sources:** Talk to your doctor about whether or not a synbiotic supplement may be more helpful to you than loading up on whole foods that naturally contain prebiotics and probiotics.

▶ **38**
PERCENT

OF AMERICANS SAY THEY OR A FAMILY MEMBER POSTPONED MEDICAL TREATMENT LAST YEAR,

according to a recent Gallup poll. They said cost was the barrier.

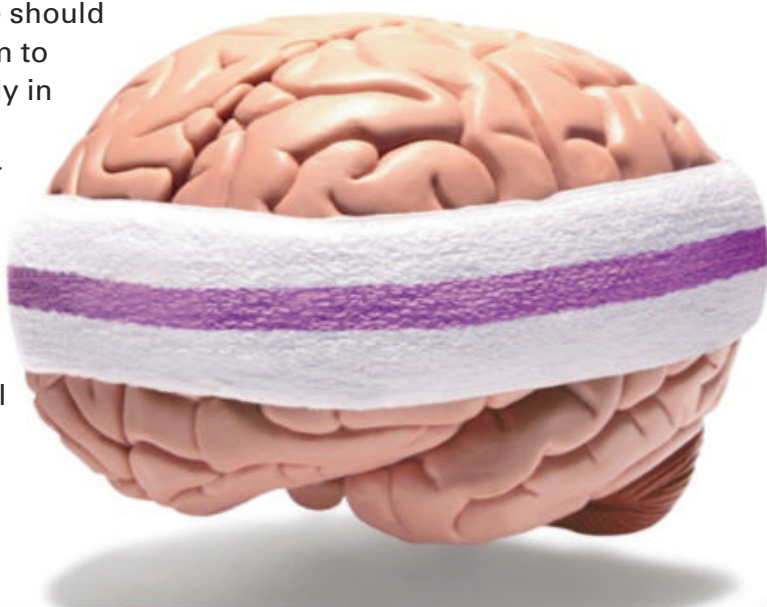
Controlling Weight Can Help Your Brain



We already know that obesity is a multi-system disease with the potential to affect the cardiovascular, respiratory, and gastrointestinal

systems over time—and we should add the neurological system to the list too, says a new study in the *Journal of Alzheimer's Disease*. It found that carrying a lot of excess weight appears to trigger brain changes similar to those seen in people with Alzheimer's disease. Scientists from Montreal Neurological Institute-Hospital of McGill University conducted brain scans on more than 1,300 patients, some with

obesity or Alzheimer's and some without. Researchers detected cortical thinning in the same brain regions among both patients with obesity and those who had Alzheimer's disease. This suggests that being obese may cause gray matter atrophy that could play a role in a person's risk for developing Alzheimer's disease or dementia down the line, and it's another reason it's important for doctors to work with obese patients on healthy weight-loss strategies.



Upgrade Your Trail Mix

Tired of the same old raisins and almonds? Check out **Ziba Foods** to explore dried fruit that's sustainably sourced from small Afghan family farms and free of added sugars, additives, and preservatives. You'll find white mulberries (crunchy-chewy), kishmish raisins (supple and golden), sun-dried fig slices, and more. Ziba Foods also sells trail mix and a few kinds of nuts, but the fruits are yum-tastic standouts. (Snag single bags and variety packs at zibafoods.com.)



Migraines While Pregnant?

Talk to your doctor. Pregnant women who suffered from migraines prior to becoming pregnant were more likely to experience complications such as pre-eclampsia, gestational hypertension, and preterm delivery compared with moms-to-be who didn't get migraines, according to a study in *Neurology* that included nearly 20,000 women. Your doctor can help you find ways to manage your pain



safely through drug-free alternatives such as keeping a food journal to ID migraine triggers, optimizing hydration with electrolyte drinks, focusing on getting good sleep, and treating migraines with cold packs or time in a dark room.



CLIMATE AND YOU

Beware of Corporate Greenwashing

Too many companies tout climate-friendly plans that really just blow hot air, cautions a report by the United Nations. Help tackle the climate crisis by pressuring companies that depend on your shopping dollars. What to say:

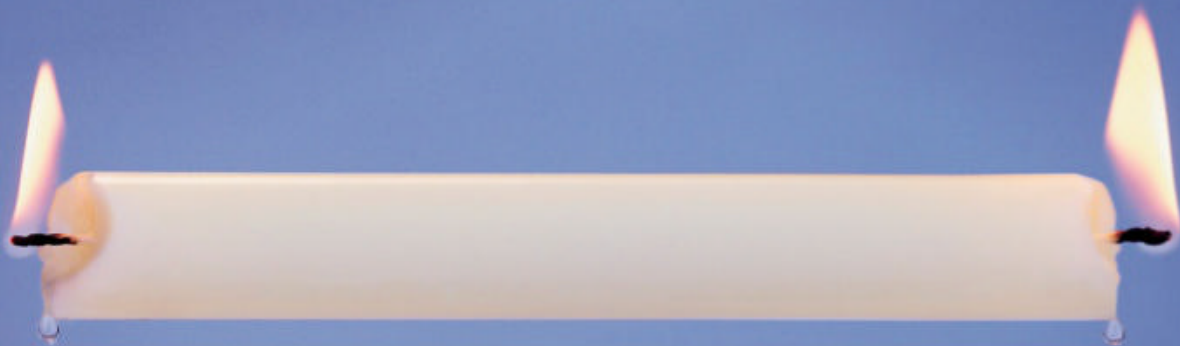
■ **“What’s being done now?”** Companies should describe how they’ll eliminate climate-warming emissions with

detailed, short-term, and measurable targets.

■ **“Give me the details.”** Beware of claims that a company is “net zero,” negating all greenhouse gases (GHGs) produced; unless it seriously reduces fossil-fuel use everywhere, not just in one visible spot, “net zero” isn’t truly possible.

■ **“Where can I see your success?”** To let everyone view their progress (or lack thereof), companies should publish their GHG emissions yearly. —*Meryl Davids Landau*

TOP: PROSTOCK-STUDIO/GETTY IMAGES; BOTTOM: C.J. BURTON/GETTY IMAGES.



Bust Through Burnout

When you're already burned out, making a plan to fix it can feel overwhelming. We've simplified things to help you get back to feeling like yourself.

■ WHAT IS BURNOUT?

It's more than just ordinary stress. "Burnout is being out of gas and feeling helpless, and it takes an emotional toll," says Rachel Goldman, Ph.D., a clinical psychologist in New York City. "A weekend or a mental health day won't cure it."

■ BURNOUT SYMPTOMS...

IN THE WORKPLACE:

- ▶ Diminished performance
- ▶ Loss of motivation, engagement, and purpose
- ▶ Feeling unappreciated
- ▶ Withdrawal from socializing and coworkers
- ▶ Difficulty concentrating and brain fog

BEYOND THE OFFICE:

- ▶ Physical and mental exhaustion

- ▶ Irritability or inability to cope with minor issues
- ▶ Lack of interest in things you used to enjoy
- ▶ Sleep difficulties
- ▶ Headache
- ▶ GI issues or changes in appetite and eating habits

■ DO THIS ONE THING TO HELP PREVENT IT:

Practice saying no.

And learn to say it without feeling bad about it, says Judy Ho, Ph.D., a clinical neuropsychologist. "Remember that 'No' is a complete sentence; you don't have to explain further," she adds. If you really don't feel that you can say no without its reflecting poorly on you, try framing it in a way that's within your bandwidth. For instance, say, "That's a great idea, but I don't think it can be a priority right now;

what do you think about putting it on the agenda later?" Or, "I don't think I can do this myself, but if you get me some help, I can." Says Ho, "It may feel weird at first, but it's about normalizing this for ourselves and the people around us."

■ BUILD A BURNOUT-FREE LIFESTYLE:

When you start to feel overwhelmed or out of gas, talk about it with others, try finding joy in the everyday (such as a yummy meal or the bird visitor out back), schedule fun activities to look forward to, and keep up with healthy habits like regular exercise, balanced eating, good sleep, and stress relief. And consider reaching out to a medical professional if you feel consistently depressed or chronically stressed.

BEAUTY NEWS

CALM YOUR SCALP

■ Haircare brands are betting on micellar shampoos to deliver benefits to your scalp and hair that are similar to what micellar waters do for your skin.

Like micellar waters, these shampoos feature micelles—tiny clusters of mild surfactants and hydrating ingredients. “Micelles act as magnets to absorb oil and dirt without disrupting skin’s moisture balance,” says Mona Gohara, M.D., an associate clinical professor of dermatology at Yale School of Medicine. In shampoo, they may help control oil and be gentler on sensitive scalps than formulas with drying sul-

fates; they may benefit curly or color-treated hair, since sulfates can fade color or disrupt curl patterns.

EDITORS’ CHOICES: L’Oréal Paris Elvive Dream Lengths Curls Micellar Shampoo, \$13, drugstores; L’Occitane Aromachologie Gentle & Balance Micellar Shampoo, \$28, loccitane.com



Hypoallergenic vs. Made for Sensitive Skin

If your skin is easily irritated, you may gravitate toward hypoallergenic products, assuming this label means they’re free of common allergens. Not exactly: The FDA defines “hypoallergenic” items as “products that manufacturers claim produce fewer allergic reactions than other cosmetic products.” It’s an unregulated claim, and these formulas may still contain potential irritants such as fragrances and dyes. Instead, choose products designed for sensitive skin; they usually list ingredients the product *doesn’t* contain so there’s no mystery.



The Truth About Allergy-Friendly Pets

"No dog or breed is truly hypoallergenic," says American Kennel Club Chief Veterinary Officer Jerry Klein, D.V.M. "But dogs that shed less, such as single-coated or hairless breeds, may elicit less of a reaction." It's not the hair itself that's the problem, though; it's the dander that comes off when they shed. Dander is made up of tiny flecks of skin mixed with the protein found in their saliva, urine, or feces. Some breeds, like poodles, shih tzu, and Portuguese water dogs, are less likely to cause reactions,



and bathing them more often can cut down on dander shedding. But because allergies are highly individual, the best way to tell whether you will react to a particular dog breed is meeting that kind of dog in person.

Get Your Cat Moving

Active playtime engages pets' minds, keeps them in shape, and strengthens their relationship with you, says Sam Meisler, D.V.M., founder and CEO of pet wellness brand PetWellClinic. But getting feline friends moving can take some cunning. "Most cats like exercise on their own terms," Meisler says. "Your challenge is to make it seem like it's their idea." Activate their hunting instincts with



"bait" toys like a feather on a string, have them chase the light from a laser pointer, or get them running and jumping with a cat tree. Some cats can even be leash-trained. But

felines are natural sprinters, so they get bored easily. Start with one brief active play session per day, then work up to several short bursts to keep them interested.



25-Minute Meal Under \$15

Blackened Fish Tacos

SERVES 4

1

Heat oven to 400°F. Drizzle 2 tsp **olive oil** on rimmed baking sheet. From 2 to 3 **limes**, grate 1 Tbsp zest and squeeze 4 Tbsp juice. Place 2 Tbsp **no-salt-added blackening seasoning or Cajun seasoning** in shallow bowl. Drizzle lime juice over 1 lb **tilapia fillets** (cut into 3-in. pieces), season with ¼ tsp **kosher salt**,

and dip in blackening seasoning. Transfer to prepared baking sheet and roast until opaque throughout, 10 to 12 min.

\$9.62

2

Meanwhile, in second bowl, toss ¼ large **pineapple** (cored and cut into matchsticks; about 1 cup) and 1 small **red pepper** (thinly sliced) with lime zest, 1 Tbsp oil, and ¼ tsp **salt**; fold in

2 **scallions** (sliced into 3-in. matchsticks).

\$2.41

3

Top 8 small **tortillas** (warmed) with 4 leaves **red cabbage** (halved), fish, and slaw. Top with **sour cream** and **cilantro** and serve with lime wedges if desired.

74¢

PER SERVING 274 cal, 25 g pro, 25 g carb, 5 g fiber, 7.5 g sugars (0 g added sugars), 9 g fat (1.5 g sat fat), 48 mg chol, 302 mg sodium

TOTAL: \$12.77



A FLAVOR TRIP FOR YOUR TASTE BUDS

These cultural seasonings are big on taste and benefits, says registered dietitian Valerie Agyeman, host of *The Flourish Heights Podcast*.

BERBERE

A blend of toasted spices like paprika, ginger, garlic, cumin, fenu-greek, cardamom, black pepper, and chiles, this Ethiopian staple is tangy, peppery, and great for seasoning meats, grains, lentils, and stews, Agyeman says. Chiles are packed with vitamin C and contain capsanthin, a compound with antioxidant properties.

ZA'ATAR

The spices that make up this Middle Eastern mix vary by region, but it's often a combo of oregano, sumac, thyme, and toasted sesame

seeds, giving it a nutty and herby flavor that's great in dips, sprinkled on salads, or on flat-breads or pita. Thyme and oregano both have antimicrobial properties, says Agyeman.

CHINESE FIVE-SPICE POWDER

As the name suggests, five spices—cloves, cinnamon, star anise, fennel seed, and black peppercorns—combine to create a medley of sweet, bitter, umami, and sour. "Cloves have manganese, a mineral that supports brain function, bone health, and blood sugar regulation,"

adds Agyeman. Chinese five-spice is often used in rubs and marinades but is also lovely in stews and stir-fries.

GARAM MASALA

This Indian spice mix lends flavor to curries and stews. It has a savory, warming taste from spices like cinnamon, ginger, bay leaf, coriander, nutmeg, cumin, black pepper, cloves, and fenugreek. "Cinnamon and ginger contain anti-inflammatory compounds, and just 1 Tbsp of fenugreek seeds provides 20% of your daily iron needs," says Agyeman.

MOVE OF THE MONTH

STAND A LITTLE STRAIGHTER

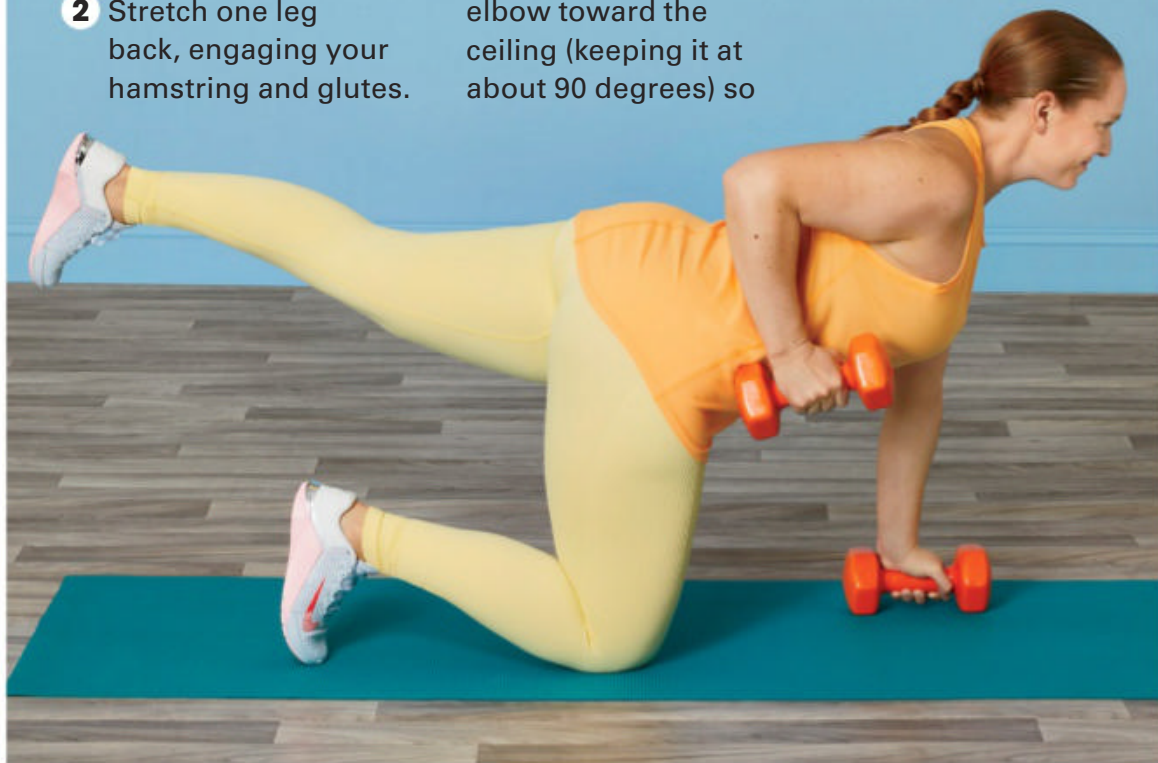
This move strengthens the muscles in your shoulders, upper and middle back, and core—which improves stability to help with posture and balance.

- 1** Start on all fours. Hold a weight in each hand, positioned directly under your shoulder.
- 2** Stretch one leg back, engaging your hamstring and glutes.

Try to keep your hips parallel to the floor. Inhale, then exhale as you lift the dumbbell in your opposite hand; drive your elbow toward the ceiling (keeping it at about 90 degrees) so

the weight comes up to the bottom of your ribs. Inhale as you return the dumbbell to the floor and resume starting position.

- 3** Do this eight to 10 times on one side, then switch and repeat with the opposite leg extended. This is one set. Aim for three sets.



PHILIP FRIEDMAN

Yoga Moves to Give Your Day a Boost

Whether you need to relieve muscle tension or you could use a mood lift, there's a yoga move for that.

TO RELAX SHOULDER TENSION...

► Ease achiness from workday sitting with gentle neck and shoulder movements. Exhale and drop your chin toward your chest. Inhale and roll your right ear to your right shoulder; repeat to the left shoulder. Do five reps on each side. Next, inhale deeply as you draw your shoulders up toward your ears, then exhale and quickly drop your shoulders down.

TO SOOTHE AN UPSET STOMACH...

► Relax your GI system to combat bloating. Stand with feet shoulder-distance apart. Ground your feet as you exhale, then slowly lower into a squat position. Bring your palms together, rest your arms against your inner knees, and hold for 10 breaths.

TO LIFT YOUR MOOD...

► This move stimulates the vagus nerve at

the base of your brain to help flood it with feel-good hormones. Start from a kneeling position. Put your hands on your backside, as if inside a pair of

jeans pockets, fingers pointed down. Exhale and lean back slightly. Stretch your chest toward the ceiling and use your hands to help stabilize your back.

MORE SELF-CARE



These moves are just a few of the brain-body wellness ideas in *Stay Sharp for Life*, available exclusively to **Prevention Premium** members at prevention.com/stay-sharp-guide.

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prevention.com/join

PREVENTION

WELLNESS



HEALTHY HOBBY

GARDENING


Sowing seeds and nurturing plants may lead to a wide array of benefits, from better mental health to a lower risk of heart attack.

BY KAITLYN PHOENIX

WHEN YOU DIG into the dirt with your hands, it feels great physically and mentally. “Putting a teeny seed in the ground and watching it grow is an amazing thing,” says Tammy Burke, the horticulturist for the American Horticultural Society, who oversees River Farm in Alexandria, VA. Burke has a degree in fine arts and says she creates a canvas with the colors and textures of plants.

●●● **STUDIES HAVE LINKED** gardening to a reduced risk of cancer, heart attack, and stroke; improved mental health, body image, and self-esteem; and healthier eating habits. What’s more, a person can get the recommended 30 minutes of moderate exercise most days of the week just by gardening. “You’re lifting. You’re digging. You’re carrying stuff around,” says Burke. These activities work all your muscles as well as your brain, she adds.

GET STARTED


 **Before you get your hands dirty,** figure out the hardiness zone you live in and what plants will thrive with the water, sunlight, and soil

you have, says Burke. Visit a local nursery and talk to an expert there. You can also peruse ahsgardening.org or get gardening books from the library.

The next step is to think about what kind of garden you want. “You can start off small with window boxes, or you can really go for the gusto and put in a pollinator garden or a vegetable garden,” says Burke. Take your physical abilities into account: If you are in a wheelchair or have other limitations, it might be helpful to install raised beds so you can care for plants without getting down on the ground. Once you have a theme, it’s time to shop! Many seed companies sell kits

for things like hummingbird, butterfly, or pollinator gardens that include seeds and a planting guide. You can add more plants as the garden matures, says Burke.

TRY INDOOR PLANTS

 **Even if you lack outdoor space,** you can still garden. Burke suggests starting with a begonia (she says they are beautiful and forgiving) or herbs in a sunny window. “The biggest problem with indoor gardening is that people over-love the plant and end up over-watering it,” she says. Let the top of the soil dry out before you add more water, or buy a small soil moisture meter.

IF YOU WANT TO
KICK THINGS UP

Join a gardening group, take a master gardening course, or volunteer at a local botanical garden or school garden. All these options will let you get outside, meet other gardeners, and pick up new skills, says Burke.

NATURAL FIXES

Acupressure for Vertigo

This needle-free therapeutic technique may help ease your dizziness.

BY MADELEINE HAASE

If you've ever felt extremely dizzy or off-balance, you may have experienced vertigo.

Some medical treatments are effective, but alternative practices can grant relief too—and some can even be done at home. Here, **Qihui Jin** and **Itorye Silver**, licensed acupuncturists at WTHN acupuncture clinics in New York City, explain how acupressure works and how it could help you.

Is acupressure different from acupuncture?

Long ago, Chinese doctors discovered specific points on the body on which stimulation has therapeutic effects. These “acupoints” may be stimulated using pressure (called acupressure) or the insertion of hair-thin needles (called acupuncture). Licensed acupuncturists

perform both techniques, but you can learn to do acupressure yourself at home.

How can acupressure help with vertigo?

Vertigo is having a sensation of being off-balance and an illusion of movement that results in mild to severe dizziness. In Chinese medicine, it's mostly associated with the imbalance of energy in the liver, and treatment involves massage over the acupoints linked to dizziness. When acupoints are stimulated with pressure, the body will find balance, which can indirectly resolve vertigo. It's worth noting that vertigo often gets better without any treatment, but if your dizziness is recurring and is affecting your daily life, see a doctor first to rule out any potentially serious causes.

So what happens in a session with a specialist?

First an acupuncturist will ask you questions, do a physical assessment, and review your health history to determine the cause of your vertigo, which helps the acupuncturist figure out the point combinations that may be most effective.



top of your head. Try applying firm pressure on each acupoint with either your thumb or your index and middle fingers until you feel soreness or warmth—approximately three minutes per acupoint—and repeat to your comfort level. Pressure shouldn't be applied to areas with wounds, cuts, bruising, undiagnosed lumps or swelling, eczema, or other similar conditions.

When will you feel better?

Positive results are usually felt immediately, but acupressure

The acupuncturist will then select acupoints and apply pressure to them to achieve the treatment goal. One study found that 85% of patients experienced a reduction of vertigo symptoms in just one session.

How can you do it at home?

The four go-to acupoints for vertigo are where the skin of the big toe and that of the next toe connect, behind your earlobe toward the base of your skull, between the base of your thumb and that of your index finger, and the very

requires repetition and consistency over multiple sessions to achieve a long-lasting effect. Acupressure addresses the underlying internal imbalance to prevent recurrence of vertigo, so it needs to be done repeatedly until the body changes its pattern. If you are doing it at home, at least two 30-minute sessions every day are recommended for best results.

How can I find a practitioner?

Go to nccaom.org to find an acupressure provider near you.

BEAUTY

How to Spot Skin Cancer

Use this guide to check your moles and marks.

BY ALISA HRUSTIC AND BRITTANY RISHER ENGLERT

While you can't really call anything about cancer *good*, with skin cancer there's one plus: You can often detect it yourself. And the earlier you find a potential problem, the sooner you can get a test and seek treatment. That's incredibly important: Skin cancer is the most common cancer in the United States, with more cases of it diagnosed every year than of all other cancers combined.

Before getting into the details, know this: "Any outlier or one-off spot that doesn't look or act like other spots on your skin is worth getting checked out, especially if it's new or growing," says Saira J. George, M.D., an associate professor of dermatology at The University of Texas MD Anderson Cancer Center.

The Skin Cancer Foundation recommends doing a self-examination once a month. Don't rush through this! Do it

when you have time to examine your skin from head to toe. Use mirrors to check your back and other hard-to-see places, or ask a partner or a family member to help.

Bring any concerns to a dermatologist right away, but also schedule a skin check at least once a year. "Your doctor will look in areas you may not, like your scalp and nails," says Ife J. Rodney, M.D., founding director of Eternal Dermatology + Aesthetics in Columbia, MD. "They also use tools, such as a dermatoscope, to get a closer look at moles so they can find specific features they've been trained to detect."

Here are the types of skin cancer and how to check for them at home.

BASAL CELL CARCINOMA

This is the most common form of cancer in the United States. It can appear anywhere, but it occurs most frequently in areas



of the body that are often exposed to ultraviolet light. It tends to grow very slowly, rarely spreads to other parts of the body, and is very treatable.

“Basal cell carcinomas are slow-growing and often subtle, so it’s easy to overlook them when they’re small. They’re often initially mistaken for

pimples or blemishes that just never healed,” especially on the face, neck, and ears, says Dr. George. Here are skin changes to look for:

- **Flat, firm, or pale and yellowish areas that resemble scars**
- **Pearly, translucent, or shiny bumps or spots**

WHAT CANCER LOOKS LIKE

- Red or pink raised patches that may itch
- Open scabs or sores that don't heal or that heal and come back
- Oozing or crusted areas that bleed easily
- Growth of bumps or lesions over time

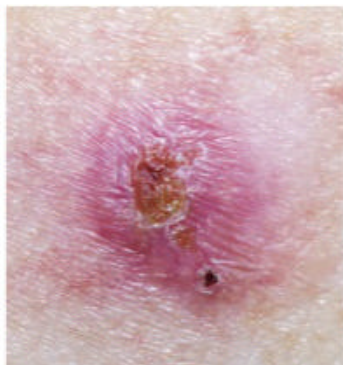
Basal cell carcinomas are often fragile and may bleed easily after shaving or minor injuries, says the American Cancer Society. If you have a nick or cut that doesn't heal within roughly a week—or you notice any of the changes above—see your doctor.

SQUAMOUS CELL CARCINOMA

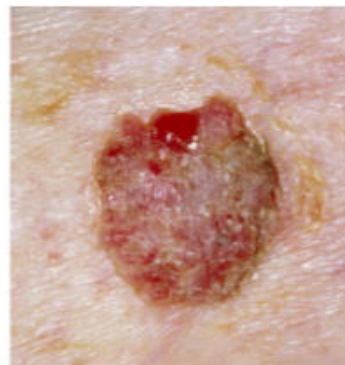
This type of cancer commonly appears on sun-exposed body parts, including the face, ears, neck, lips, and backs of the hands. Similar to basal cell carcinomas, squamous cell carcinomas tend to manifest as pink or red bumps or patches that won't go away, Dr. George says. However, they're not usually pearly or shiny.

These skin cancers can also grow as flat patches or become larger and nodular, says Anthony Rossi, M.D., a board-certified dermatologist at Memorial Sloan Kettering Cancer Center. Here are other telltale signs to look out for:

- Raised bumps that may have a lower area in the center



▲ BASAL CELL CARCINOMA



▲ SQUAMOUS CELL CARCINOMA

- Rough or scaly patches
- Open sores or scabs that don't heal or that heal and come back
- Growths that look like warts
- Itching, bleeding, crusting, or pain

MELANOMA

This form of skin cancer is rare, but it's the deadliest, as it spreads easily to other parts of the body when not caught early. Dermatologists recommend the ABCDE method to help spot skin changes that point to melanoma.

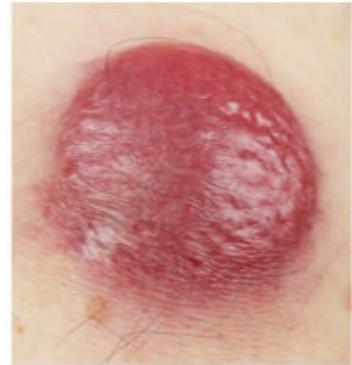
- ▶ **ASYMMETRY:** Do both halves of the lesion look the same? Melanoma lesions can appear asymmetrical, whereas healthy moles are typically symmetrical.
- ▶ **BORDER:** Moles with irregular, scalloped, or poorly defined edges may be melanoma. Normal moles have clear, regular borders.
- ▶ **COLOR:** Melanomas tend to be multicolored—black, brown, red, blue—or colorless. Healthy moles are typically



▲ MELANOMA



▲ ACTINIC
KERATOSIS



▲ MERKEL CELL
CARCINOMA

one color or maybe two, but the color is evenly distributed.

▶ **DIAMETER:** If a mole is greater than 6 mm in diameter (about the size of a pencil eraser), get it checked out.

▶ **EVOLVING:** If you notice a spot that is changing in any way—size, shape, color, border, texture—or that itches or bleeds, see a doctor.

ACTINIC KERATOSIS

Also called solar keratosis, actinic keratosis is a precancer or a premalignant lesion, says Dr. Rossi. Like other types of skin cancer, it's caused by too much exposure to UV light, and most people develop more than one affected area. Some (but not all) develop into squamous cell skin cancers. These lesions often occur on the face, lips, ears, backs of the hands, and arms, but they can also form on other areas exposed to UV light. Here's what to look for:

■ **Rough, dry, or scaly patches**

- **Flat or slightly raised patches on the top layer of skin**
- **Itching, burning, or pain**
- **Varied pink, red, or brown tones**

MERKEL CELL CARCINOMA

Though it's rare—only 2,000 cases are diagnosed in the U.S. each year—this form of skin cancer is dangerous, as it can grow rapidly and spread to other parts of the body.

This carcinoma most often affects people over 70, and men are nearly twice as likely to be diagnosed with it as women. It is most common on the face, neck, arms, and legs, but can pop up anywhere on the body. While it can look like other types of skin cancer, there are a few characteristics to keep in mind:

- **Pink, red, or purple bumps that may be shiny**
- **Fast-growing, painless bumps that are firm to the touch**
- **Broken skin on top may break open and bleed**

RELATIONSHIPS

Setting Boundaries With a Toxic Parent

Here's how to deal with behavior that's critical, unpredictable, or otherwise difficult.

BY RACHEL ZAR, L.M.F.T., C.S.T.



Rachel Zar, L.M.F.T., CST, is a relationship and sex therapist at Spark Chicago Therapy and the Northwestern Medicine Center for Sexual Medicine & Menopause.

Every family has issues, difficulties, and recurring conflicts, and it's normal for a parent to sometimes rub you the wrong way. So how do you know if your parent is toxic, especially when there's no blatant abuse, violence, or assault? Toxicity is not a one-time hurtful act; it's a pattern of emotional instability, boundary crossing, or manipulation that doesn't shift despite efforts at connection and repair. And it can seriously impact your mental health and sense of emotional safety.

SIGNS TO LOOK FOR

- Your parent blames you for their problems or emotions without holding themselves accountable.
- They consistently value their own feelings over yours.
- Their moods seem unpredict-

able, or it's as if they're intentionally trying to cause drama.

- They critique and try to control your behaviors or gaslight you by invalidating or minimizing your feelings.
- They punish you in a big way for any perceived slights (e.g., giving you the silent treatment for months after you miss a holiday), or they withhold love or use guilt to get what they want.
- They don't respect feedback or your boundaries.

THE IMPACT

The best indicator of toxicity is the way you feel when you're around your parent or anticipate seeing them. You may notice increased anxiety, decreased self-esteem, a feeling of helplessness or irritability, or that you change your behavior to appease them.

Also ask yourself: When



seeing change, it may be time to drop the rope. Concentrate on what you have control over: yourself, and whether and how you interact with them. Setting boundaries shows them how you'll respond to their actions. Instead of saying, "Please don't criticize my partner," for example, which puts your parent in control of holding the boundary, try, "If you criticize my partner, I will hang up the phone/change the subject." That's a boundary *you* can hold. Remind yourself: You no

you were a child, did your home feel like a safe space? Were your parent's responses predictable, and were you comfortable expressing your needs, or did you often walk on eggshells to avoid catastrophe? Living with a toxic parent can lead to anxiety, depression, and even post-traumatic stress. As an adult, you may self-sabotage intimate relationships or have trouble trusting others.

FOCUS ON YOURSELF

If you've tried talking with your parent about what you need but you aren't

longer need to please or obey your parent to stay safe, and you don't need their approval to be worthy of love.

If you choose to separate completely from your parent, support groups can help fight feelings of isolation, and seeing a therapist can be crucial. Your relationship with a toxic parent is a tangled web: They were your protector and also really hurt you. With guidance, you can process the feelings (anger, grief, relief) that come up when facing the reality of your relationship, set effective boundaries, and get to a place of acceptance so you can move forward.

ALL YOU NEED IS ONE PAIR OF LIGHT DUMBBELLS TO MAKE A POWERFUL DIFFERENCE FOR YOUR HEALTH:

You can build lean muscles, ease achy joints, lower chronic-disease risks, and lose weight—no matter where your fitness is right now. Take a sneak peek at *Prevention's* new book *Lift Light, Get Lean* here, then give your life a lift!

► BY BROOK BENTEN, M.ED.

► PHOTOGRAPHS BY PHILIP FRIEDMAN

Strength Training Made

SIM



PLE

FOR YEARS I WAS A CARDIO JUNKIE.



I would run up to 50 miles per week—until I got injured and my doctor gave me a stern warning: If I didn't take a break, the injury might not heal and could get worse. So I started doing three days of light weight lifting and three days of low-impact cardio. It was gentler on my joints, but I became stronger and still worked my cardiovascular system.

Light weight training hasn't worked just for me—it's worked for women of all ages and fitness levels. I'm an exercise physiologist certified by the American College of Sports Medicine, and I've seen it in data I've collected from conducting numerous research studies for *Prevention* on resistance-training programs over the past decade.

For this project, I created a low-impact resistance-training regimen to help people learn new mobility patterns, raise their heart rate, tone muscles, and lose weight if they combined the routine with low-impact cardio and smart nutrition choices. I tested the program on 20 women over two successive 28-day plans. In under two months, participants lost up to 16 pounds and 14 inches. To kickstart your transformation, do 16 reps of each exercise here, then buy *Lift Light, Get Lean* to finish what you've started.

THE FULL-BODY BENEFITS OF LIFTING LIGHT



A program like this one, which works the body as a whole, can spark some powerful changes:

- Lower body fat, lose weight, and sculpt a leaner physique.
- Preserve and build lean muscle mass.
- Improve your bone density.
- Lower your risk of injury and achy joints.
- Support your heart health.
- Build a stronger core and improve your balance.
- Reduce your risk of diabetes.
- Boost your mood and protect your brain.



SUMO SQUAT TO UPRIGHT ROWS

WHAT IT WORKS

Quadriceps, glutes, inner thighs, core, and shoulders

HOW TO DO IT

SETUP Stand erect with your feet more than hip-width apart and toes pointing out to the sides. Hold a dumbbell in each hand, arms dangling in front of your body.

▶ **STEP 1** Keeping your chest lifted, bend your knees and sink into a squat. Drop as low as you can, optimally until your thighs are parallel to the floor. Hold momentarily.

▶ **STEP 2** Driving from your heels, return to the starting position,



squeezing your inner thighs and tightening your tush.

▶ **STEP 3** Pull both dumbbells up your torso, winging your elbows out to the sides. Finish with your elbows slightly below shoulder height, with the dumbbells at your sternum.

▶ **STEP 4** Lower the dumbbells down your torso to return to starting position. That's 1 rep.

CHOOSE THE RIGHT WEIGHTS



For this program, women in the *Lift Light, Get Lean* focus group found that dumbbells in the 5- to 8-pound range worked best, but your sweet spot may be lower or higher. Your ideal weight should be heavy enough that it feels hard to get through the last few reps. At the end of a set, you should feel as if the set was challenging and uncomfortable, but doable. If you finish a set feeling that you could easily do more reps, your weight is too light.



RIGHT LEG LUNGE BACK TO BICEPS CURLS

WHAT IT WORKS

Quadriceps, glutes, core, biceps, and balance

HOW TO DO IT

SETUP Hold a dumbbell in each hand, arms by your sides. Stand erect with your shoulders over your hips and your legs hip-width apart, toes facing forward.

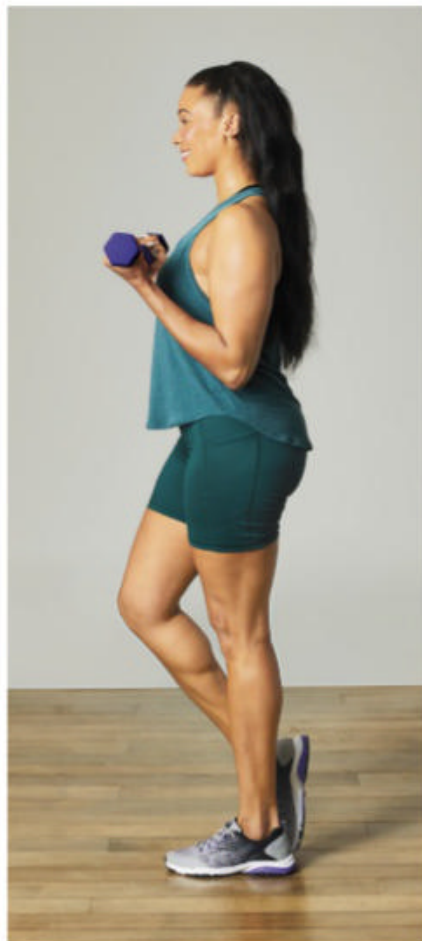
► **STEP 1** Step your right foot back into a deep lunge.

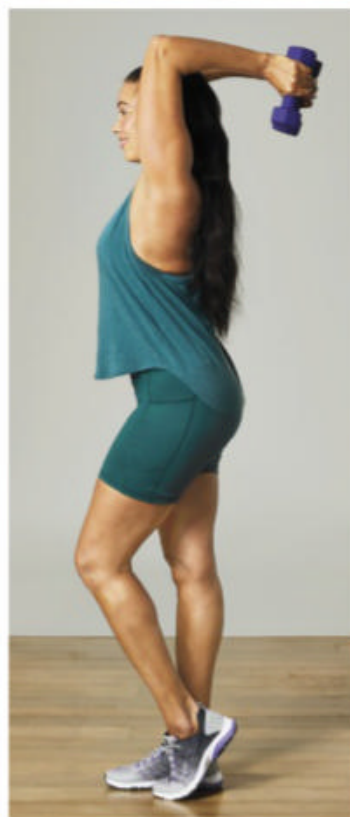
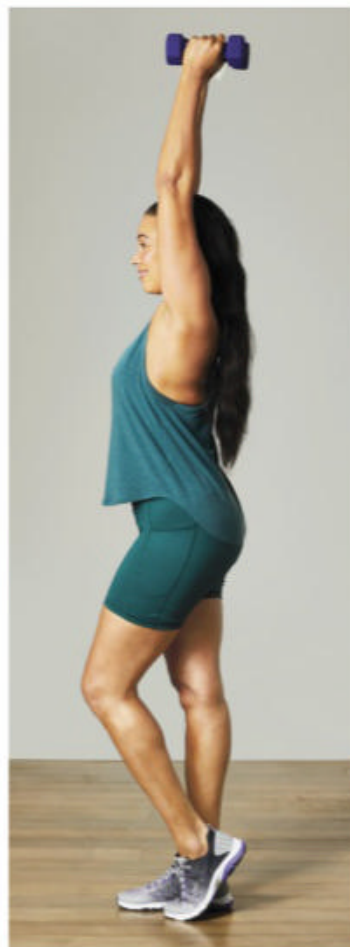
► **STEP 2** Squeeze your

glutes and return your back foot to the setup position, keeping the majority of your weight on the supporting leg to challenge your balance.

► **STEP 3** Bend your elbows and draw the dumbbells toward your shoulders in a biceps curl.

► **STEP 4** Extend your arms down to your sides to return to starting position. That's 1 rep.





LEFT LEG LUNGE BACK TO OVERHEAD TRICEPS EXTENSIONS

WHAT IT WORKS

Quadriceps, glutes, core, shoulders, triceps, and balance

HOW TO DO IT

SETUP Hold a dumbbell in each hand, arms by your sides. Stand erect with your shoulders over your hips and your feet hip-width apart, toes facing forward.

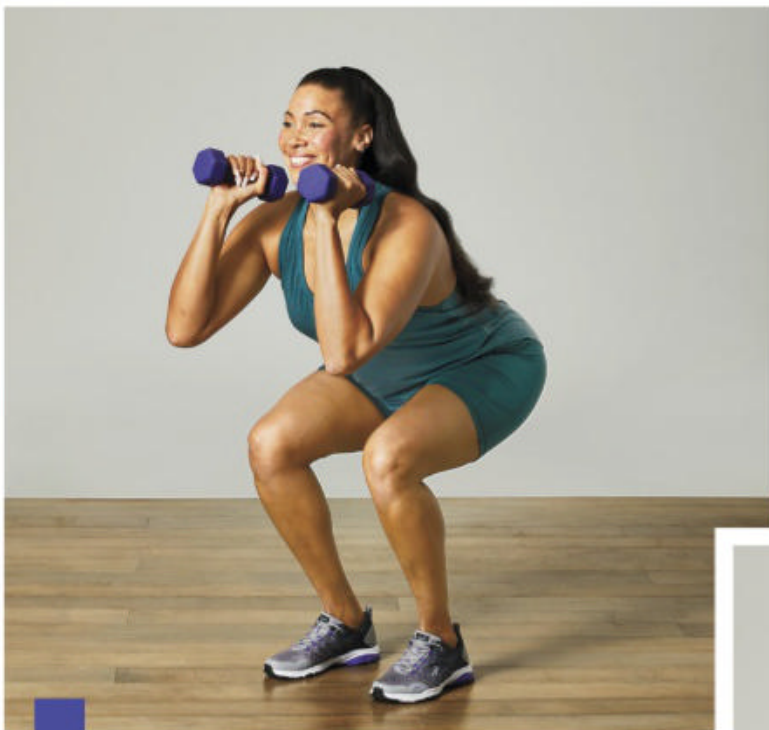
▶ **STEP 1** Step your left foot back into a deep lunge.

▶ **STEP 2** Squeeze your glutes and return your back foot to the setup position, keeping the majority of

your weight on the supporting leg to challenge your balance.

▶ **STEP 3** Raise your arms above your head so they're close to your ears. Bend your elbows and lower the dumbbells behind your head until they touch (or nearly touch) your shoulders. Keep your elbows pointing forward and not out to the sides.

▶ **STEP 4** Extend both elbows to return the dumbbells overhead, then lower them to the setup position. That's 1 rep.



SQUAT TO PRESSES

WHAT IT WORKS

Quadriceps, glutes, core, and shoulders

HOW TO DO IT

SETUP Stand with your shoulders over your hips and your legs slightly more than hip-width apart, toes facing forward. Hold your dumbbells so they are level with your collarbones.

▶ **STEP 1** Keeping your chest lifted and your spine tall, bend your knees and sink into a squat, tracking your knees in the same

direction as your toes. Drop as low as you can, optimally deeper than 90 degrees. Hold momentarily.

▶ **STEP 2** Squeeze your glutes and rise to starting position.

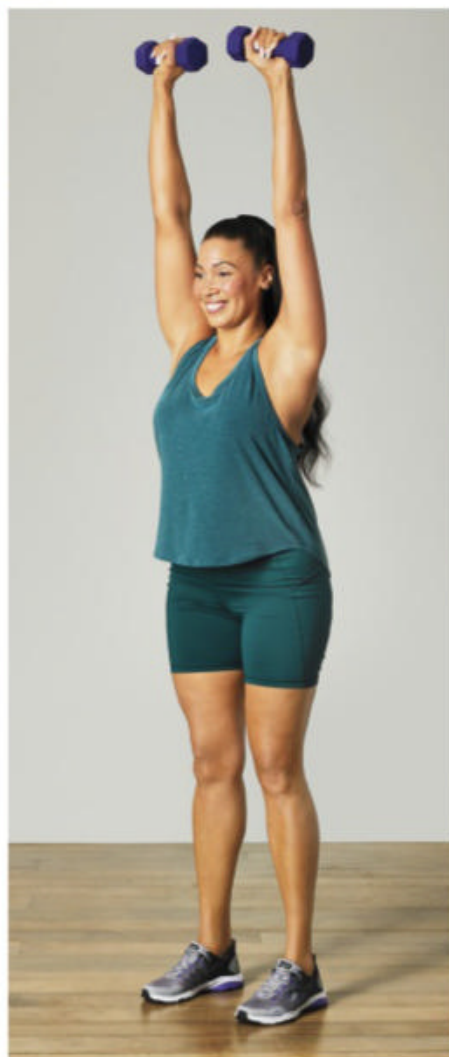
▶ **STEP 3** Keeping your legs and core motionless, raise the dumbbells overhead so your wrists are straight over your shoulders.

▶ **STEP 4** Return to starting position with dumbbells held at your collarbones. That's 1 rep.



CARDIO MATTERS!

Weight training is most beneficial when you also regularly do aerobic activities (like walking, jogging, bicycling, swimming, or using an elliptical).





HIP ABDUCTION TO LATERAL SHOULDER RAISES

WHAT IT WORKS

Sides of the glutes, outer thighs, core, and sides of the shoulders

HOW TO DO IT

SETUP Hold a dumbbell in each hand, resting your hands and the weights on your outer thighs. Stand erect with your shoulders over your hips and your legs hip-width apart, toes facing forward.



▶ **STEP 1** Flex one foot and lift that leg out to the side, away from the midline of your body.

▶ **STEP 2** Return the leg to the setup position.

▶ **STEP 3** Keep your arms straight and lift the dumbbells up and away from your body until you make a “T” shape. Hold momentarily.

▶ **STEP 4** Slowly lower the dumbbells back to your outer thighs. That’s 1 rep. Repeat on the opposite side.



DEAD LIFT TO SCAPTIONS

WHAT IT WORKS

Hamstrings, lower back, glutes, core, upper back, and backs of the shoulders

HOW TO DO IT

SETUP Hold a dumbbell in each hand, arms dangling in front of your body. Stand erect with your shoulders over your hips and your feet hip-width apart, toes facing forward.

▶ **STEP 1** Hinge at your hips and glide the dumbbells down the fronts of your thighs. Maintain just a tiny

bend in your knees. Keep your back flat.

▶ **STEP 2** Squeeze your glutes, push through both feet, and rise up to starting position.

▶ **STEP 3** Without bending your arms, lift them up to form a “V” while squeezing your upper back muscles together tightly. Hold momentarily.

▶ **STEP 4** Release the contraction in your upper back and return your arms to starting position. That’s 1 rep.

GET THE BOOK!

In *Lift Light, Get Lean* you’ll find:

- ✓ Two 28-day plans
- ✓ Dozens of moves, all with instructional pics
- ✓ Research-backed explanations for why weight lifting can be beneficial
- ✓ Suggestions for safely adding cardio to your weight routine
- ✓ Healthy nutrition, sleep, and stress-management tips



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PREVENTION

HEALTH



WHAT'S UP WITH... **CHARLEY HORSES**

Those crazy cramps can really put the squeeze on you. Here's why.

BY KAYLA BLANTON

PHOTOGRAPH BY BEN GOLDSTEIN

PROP STYLING: MIAKO KATOH.

B **EING JOLTED AWAKE** by an excruciating leg cramp can be its own type of nightmare. Experts explain why these happen and how to keep them from sneaking up on you.

WHAT EXACTLY IS A CHARLEY HORSE?

■ **The name for this** intense muscle cramp was coined by old-time baseball players (no one is really sure why—the original “Charley” might have been a pitcher or an actual horse). It most often affects the leg or foot but can happen anywhere in the body, says Melissa Prestipino, D.P.T., a physical therapist and certified personal trainer in Sparta, NJ. “Normally when we contract our muscles, our brain sends a signal to the muscle for how to contract properly,” explains Karen Litzy, D.P.T., a physical therapist in New York City.

During a charley horse, the muscle contracts involuntarily, without the proper instructions, she says. As a result, the muscle fibers shorten and contract too hard. Depending on the cramp’s intensity, you may feel a knot in the affected area after the pain is gone, says Dmitriy Dvoskin, M.D., a physician at Pain Management New York City.

What causes the cramp?

Though a charley horse can happen for no reason at all, smoking, pregnancy, hypothyroidism, and having a high body weight increase the risk. Other factors may include:

- ▶ **Medication, particularly statins and blood pressure-reducing diuretics**
- ▶ **Dehydration, malnutrition, or deficiencies in vitamins and minerals like calcium and potassium**
- ▶ **Muscle overuse**

HOW TO GET RELIEF

To keep a charley horse from rearing up in the first place, stay well hydrated. Stretch your legs before bed, and make sure your bedsheets are loose so you can move your feet freely. When a cramp hits, Litzy recommends applying pressure to the area and, if it’s in your leg, walking around. “You can also gently stretch the affected muscle while slowly breathing in and out,” she adds.

WHEN TO GET HELP

Dr. Dvoskin advises seeing a doctor if you get charley horses while taking a statin or diuretic medication or if they come with decreased sensation in your lower extremities and/or increased back pain, which can signal nerve damage. Always seek help if the pain is accompanied by fever, leg swelling, trouble breathing, nausea, or vomiting.

CHALLENGE

Get Back On Track

Have your good habits been derailed? These tricks can help you move forward again.

BY ALYSSA JUNG

It happens to most of us at some point(s!) during the year: One of our good-for-us habits hits a lull (or all of them do!). You may find that you're not sleeping well, or you feel on edge, or it's harder to find the drive to work out—or all of the above. That's because many healthy habits are intertwined with total-body wellness: Stress can mess with your sleep and your motivation to be active, but lack of zzz's and exercise ends up negatively affecting how you feel!

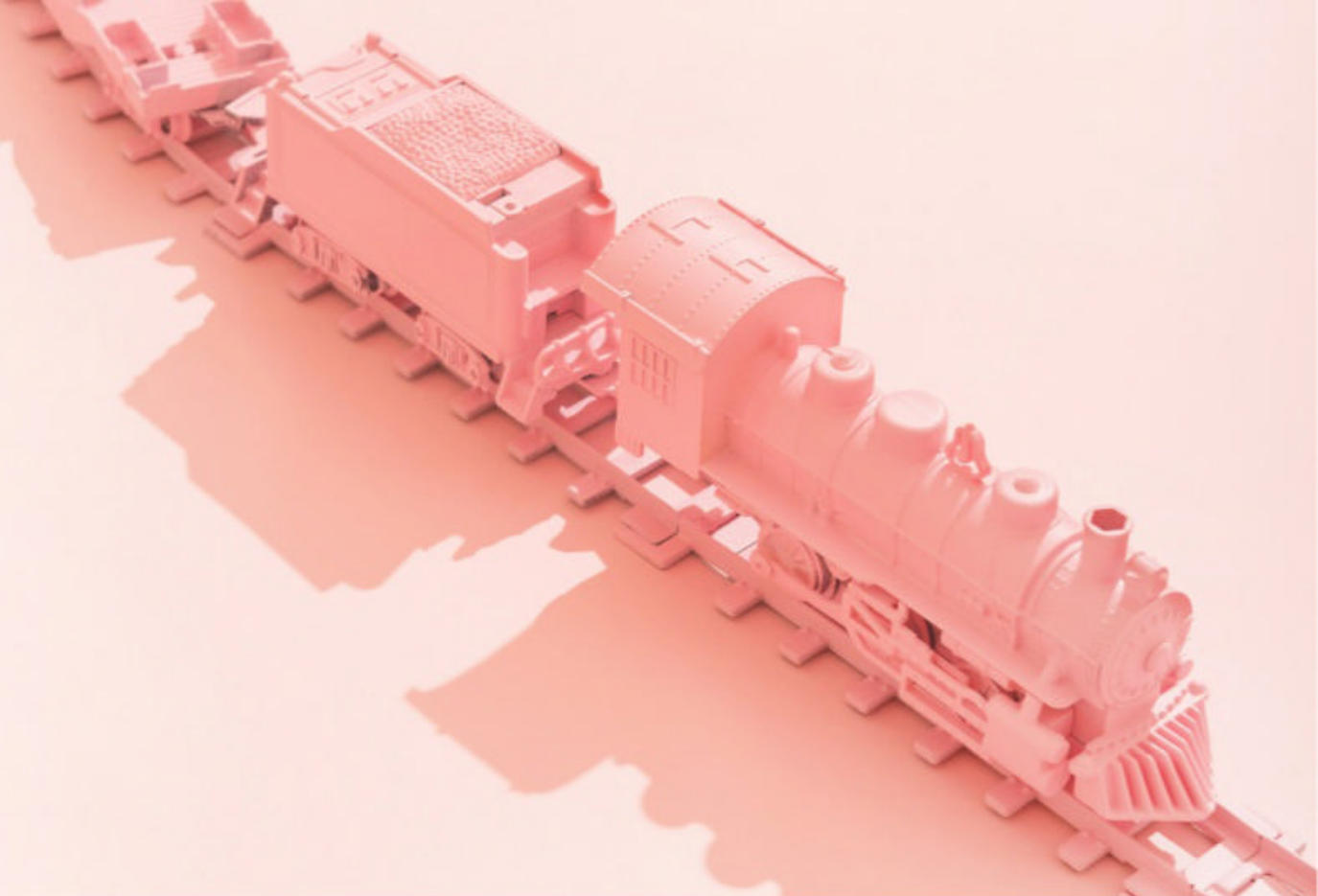
"It's completely normal to fall off a good-habit streak. Ask anyone who has been on vacation or had a streak of lousy Tuesdays," says Lindsey Benoit O'Connell, a certified strength and conditioning specialist and founder of The LAB Wellness. "But you can get back on track at any time, any day." Revive your wellness tools with this three-day challenge.

DAY 1

▶ **CREATE A STRESS-LESS ACTION PLAN**

Stress can really affect your day-to-day life, not to mention your overall health if it becomes chronic. "An action plan may help you deal with it better now and the next time," says Simira Freeman, Psy.D., a licensed psychologist in New York City. Do these three things:

- 1 Give yourself a pep talk on boundaries.** Remind yourself that it's OK to say no. Taking on too much can make us feel overwhelmed, so remembering that we don't always have to say yes helps with balance.
- 2 Jot down your resources.** "These can be social, environmental, or spiritual forms of support—whatever helps recharge you," says Freeman.
- 3 Identify your triggers.** Make a list of what sets your frazzle meter off—when you notice one of those things



happening, it's time to lean on your recharging resources.

DAY 2

▶ **TAKE BACK YOUR SLEEP**

This little trick can really make a difference, says Sarah Silverman, Psy.D., a behavioral sleep medicine specialist: Spend a bit of time outside each morning. “Bright light in the a.m. sets your circadian rhythm, and it can also boost mood and give you energy for the day,” Silverman explains. How? Sunlight helps regulate key hormones involved in the sleep-wake cycle. Aim to spend about 15 minutes outside within an hour of waking up. It doesn't matter whether you take a walk or simply stand still while being mindful—getting out is what counts!

DAY 3

▶ **REIGNITE YOUR EXERCISE MOJO**

First of all, don't beat yourself up. “A lull in your workout routine or lost motivation doesn't mean you've failed. Setting mini goals paired with small rewards can go a long way toward busting through those walls,” says O'Connell.

Now set a few mini goals for the rest of this week (or the upcoming one, depending on what day it is now). You might choose to commit to doing a 10-minute yoga video three times or sign up for a fun workout class and then, when you complete this, enjoy a feel-good prize, from having your favorite coffee drink to getting those yoga pants you've been eyeing. Keep it going by continuing to write down weekly mini goals in your calendar or journal.



MY DIAGNOSIS

Why Did I Always Feel Different From Everyone Else?

I was an adult before I had an explanation for what I'd been experiencing since childhood.

BY OLIVIA HOPS, AS TOLD TO MARISA COHEN

Most of my life was a search to find out what was “wrong” with me. When I was a kid, I was constantly anxious. I hated going to birthday parties and sleepovers, all the

things kids usually love. Crowds and loud noises were overwhelming to me. I could be outgoing if I wanted to be, but I'd then have to spend days recovering. It's exhausting to put on an act

OLIVIA HOPS.

by smiling, engaging in conversation, and making eye contact when none of that comes naturally to you.

When I was 11, I fell in love with football—I was on my high school team and even got to write for *Sports Illustrated* as a “kid reporter.” My plan was to go to college and become a sports journalist. But in 10th grade, I had what at the time I called a mental breakdown. I got really depressed and couldn’t even get out of bed. I had been diagnosed with anxiety and depression when I was younger, but I was then also diagnosed with PTSD. Each time I got a new diagnosis, I would get excited, thinking I was finally getting an answer as to why I was so different. But none of those diagnoses quite fit, because they didn’t cover the whole story. I wound up finishing high school a semester early, doing all the work from home.

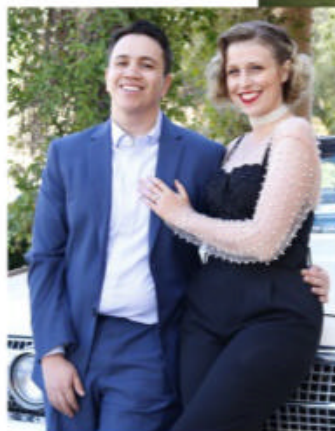
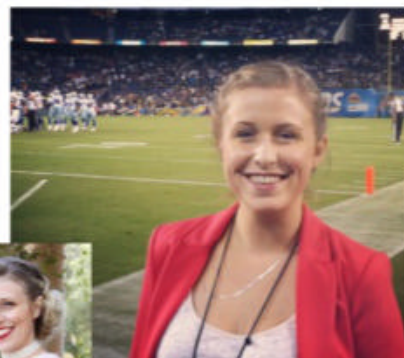
A CLUE OVER DINNER

Five years ago, when I was 22, I was at a graduation dinner for my best friend. I was sitting across from her aunt, and I started telling her my life story. Finally, she said, “Can I ask you a question? Have you ever been tested for autism?”

She explained that her 17-year-old daughter had recently been diagnosed



The author on her high school football team, working as a sports reporter, and with her fiancé, Alex.



as being on the autism spectrum and that I sounded a lot like her. When I got back to my hotel that night, my

mind was racing, and I couldn’t sleep. I started researching autism in girls, and a lightbulb went on. I felt as if I was reading about myself.

The next week at therapy, it took until the end of the session for me to work up the nerve to mention it. But as soon as I said the word “autism,” my therapist shot me down. She said, “There’s no way you could be autistic—you can hold a conversation.”

I was so discouraged and embarrassed that it was another two years before I brought up autism again. On my birthday in 2019, as I was having breakfast with my mom, I asked, “Do you think I’m autistic?” Without hesitating, she said, “One hundred percent.”

FINALLY GETTING AN ANSWER

I found a doctor who specialized in assessing women for autism, and after a long interview with both my mother and me, the doctor confirmed the diagnosis. It was honestly the best day of my life. I was so happy that I finally had the answer to my questions about why I reacted to certain things the way I did. I knew I could potentially live a better life, because I could take off my mask and stop making up lies about why I didn't want to go to social events that would be too much for me.

It's been three years since then, and I'm happier and less anxious. I use strategies like wearing earplugs so I'm not overwhelmed by loud music or people talking. I schedule myself so I won't have meltdowns.

Right out of high school, I got my dream job of working for the NFL, but I realized it wasn't a good fit for me. I started a cookie-dough business, which I sold earlier this year. Now I'm focusing on creating YouTube videos and working on a book about autism. I'm engaged to Alex, my boyfriend of eight years—he totally gets me.

If my story resonates with you, don't be afraid or ashamed of it. Often doctors aren't educated enough on what autism looks like in females and in adults. I hope younger girls don't have to go through the struggles I did and can get diagnosed early enough to get the help they need.

TELL US ABOUT YOUR DIAGNOSIS

Did you have symptoms that took a while to get properly diagnosed? We'd love to hear your story. Write to letters@prevention.com.



Women and Autism

Autism spectrum disorder (ASD) covers people with a wide range of abilities and disabilities—some

who are nonverbal and developmentally delayed, others who are high achievers like Elon Musk and climate activist Greta Thunberg. Symptoms may include difficulty with social interaction and eye contact, sensitivity to sounds or textures, and getting overwhelmed.

For decades, ASD was considered a “boys’ disorder,” explains Christine Wu Nordahl, Ph.D., a professor of psychiatry at the UC Davis MIND Institute, with four boys being diagnosed with autism for every girl. “I’ve heard story after story of a concerned family going to a psychiatrist and being told, ‘Girls don’t really get autism. It must be something else.’”

This has resulted in females' not only being diagnosed later than males on average but also in many cases not getting properly diagnosed at all until they are adults.

But with the number of autism diagnoses in the U.S. continuing to rise (it is currently estimated that the condition affects one in 44 children), researchers and clinicians are starting to realize autism may just look different in girls. "All the diagnostic criteria for autism spectrum disorder have been based on research done with boys," Nordahl explains. A few differences we now know about (though symptoms vary by the person):

▶ **Boys have more physical symptoms:** They tend to exhibit more external repetitive behaviors, such as spinning and flapping of hands, than girls do.

▶ **Both boys and girls have restricted interests:** For boys, however, those may be what are considered "typically autistic" interests such as train schedules and cars. "Girls may be very focused on horses or celebrities, and those are considered culturally appropriate, so they are overlooked," Nordahl explains.

▶ **Girls are better at "masking":** That means hiding their autism traits and copying what they see neurotypical girls saying and doing. While this may allow them to fit in socially and make friends, it can be physically and mentally exhausting for them, leading to "autism burnout," or meltdowns.

▶ **Girls deal with more mental illness:** Girls with autism have higher rates of anxiety, depression, and other mental health

issues than do autistic boys. These may be co-occurring with their autism, may be misdiagnoses, or may be triggered by the fact that these girls don't know why they're so "different," Nordahl explains.

Getting a proper diagnosis can help an autistic person find the support and resources to live their best life, says Nordahl. "Many girls and women find out that when they are diagnosed, a neurodivergent community is waiting to welcome them and show them that they're not alone," she says.

If you suspect that you or a family member may be on the autism spectrum, seek out an assessment from a clinician who is familiar with ASD. For more information, visit the Autistic Women & Nonbinary Network (awnnetwork.org).

FOODS THAT



The research-backed
low-FODMAP diet can be life changing
for people with IBS and other
GI issues. Here, a dietitian breaks
it down for you.

BY KAREN ANSEL, R.D.N.

PHOTOGRAPHS BY MASSIMO GAMMACURTA

HEAL



Not all diets are about weight loss.

For people with digestive issues, there's a way of eating that has an almost mythic vibe to it, with proponents swearing that it can improve gas, bloating, and stomach pain: the low-FODMAP diet.

Yet despite the growing popularity of low-FODMAP, there's lots of confusion surrounding it. It's not for everyone, and it's very complicated, so it requires dedication and know-how. "The FODMAP approach isn't like other diets that might simply have a list of entire food groups that are off-limits," says Patsy Catsos, M.S., R.D., author of *The IBS Elimination Diet and Cookbook*. "It's more nuanced."

Factor in loads of misinformation online, and it can be tough to know which foods are OK to eat or how long you should follow the diet. You should always consult a dietitian or a physician before attempting an elimination diet, but here are the basics:

What Exactly Is a FODMAP?

▶ FODMAP may sound like, well, a map for food, but the name is actually an acronym for Fermentable Oligosaccharides, Disaccharides, Monosaccharides, And Polyols. Those big words are, simply put, small carbohydrates that are commonly mal-absorbed and prone to fermentation (chemical breakdown). They're in all kinds of healthy foods such as fruits, vegetables, beans, wheat, and milk. Even though we eat them every day, these little guys can be difficult for our bodies to break down and absorb, and stragglers can sometimes travel through the intestine undigested. That's when the trouble begins for people with chronic digestive issues. Certain undigested FODMAPs pull water into the small intestine, which can lead to diarrhea. Others make their way to the large intestine, where gut bacteria ferment them for food (hello, gas and bloating!).





FOOD STYLING: JAMIE KIMM. PROP STYLING: HEATHER QUINN AND DARLA LEWIS.

As uncomfortable—and inconvenient—as this may sound, FODMAPs aren't generally a problem for those who have healthy guts. But in at least 10% of the U.S. population, they can cause painful symptoms that can make it difficult to enjoy life.

Who Could Benefit From This Eating Plan?

▶ This diet was developed at Monash University in 2005, primarily for people with irritable

bowel syndrome (IBS), a chronic condition that affects the GI tract and can cause cramping, abdominal pain, bloating, gas, and diarrhea or constipation (or both). “People with IBS have very sensitive guts, so they are very prone to the bloating and stretching of the

gut FODMAPs can cause,” says Jane Muir, R.D., Ph.D., head of translational nutrition science in the department of gastroenterology at Monash University. The low-FODMAP diet has been proven to relieve IBS symptoms such as gas, bloating, and belly pain. It’s so effective that the American Gastroenterological Association recommends it as the number one diet therapy for IBS. “Around 75% of IBS patients will report significant improvement in symptoms on the diet,” says Muir. “This can be evident within days, but it will vary greatly from person to person.”

If you’re living with IBS, it’s easy to assume that the solution is to banish all FODMAPs from your diet. But that’s not very practical, and it could lead to nutrient deficiencies. Plus, the fact that you struggle with some FODMAPs doesn’t mean *all* of them will make you miserable. Let’s say you have trouble digesting fructose, the sugar in fruit. Apples and pears may send you running to the bathroom, but you might have no problem eating baked beans (with oligosaccharides) or drinking a glass of milk (containing lactose). The low-FODMAP diet can help you discover the best balance for you. “The same food can be high, medium, or low in FODMAPs depending on serving size, how the food is processed, and even the variety of

the food,” says Catsos. For instance, plum tomatoes are lower in FODMAPs than other types of tomatoes, and ripe bananas contain more FODMAPs than green ones. Catsos adds that a dietitian can help you sort it out.

While the diet primarily helps those with IBS, a few other conditions may respond to the elimination of FODMAPs. “The diet can also be helpful when we suspect that someone has small intestinal bacterial overgrowth [SIBO] and needs some relief while we get them tested and treated with antibiotics,” says Tamara Duker Freuman, M.S., R.D., a registered dietitian at New York Gastroenterology Associates and the author of *Regular: The Ultimate Guide to Taming Unruly Bowels and Achieving Inner Peace*. “People with inflammatory bowel disease [IBD] or endometriosis who experience some IBS-like symptoms can also find low-FODMAP foods helpful for symptom management,” she adds.

HOW THE DIET WORKS

you’ll need to temporarily eliminate all high-FODMAP foods for two to six weeks. Since this is complicated and very restrictive, it’s best done under the supervision of a registered dietitian who

To tease out trigger carbs, the low-FODMAP plan is broken down into three phases:

PHASE 1: ELIMINATION

To kick off the diet,

can help you reduce FODMAPs while making sure you're getting all the nutrients you need. (If that's not an option, check out Monash University's app; its easy-to-follow system assigns foods a green, yellow, or red light.)

In this stage, what you eat might include:

- An omelet with lactose-free cheese, chopped scallion greens, and tomatoes
- An open-face turkey and Cheddar sandwich on gluten-free bread
- Spaghetti squash with shrimp
- A handful of dark chocolate almonds, lactose-free cottage cheese and strawberries, or an orange with walnuts as snacks

If your symptoms improve after this trial period, it's a safe bet that FODMAPs are the culprit—but it's unhealthy to maintain an all-out ban on FODMAP foods. "We encourage patients to embark on all three phases of the diet, as the elimination phase is fairly restrictive and has been shown to reduce some beneficial gut flora," says Kate Scarlata, M.P.H., R.D.N., a nutritionist specializing in food intolerances

DECODING THE LETTERS

Which FODMAPs set off your symptoms? Here, some of the most common offenders:

OLIGOSACCHARIDES

- Fructans in wheat, rye, onions, and garlic
- Galacto-oligosaccharides in beans and split peas

DISACCHARIDES

- Lactose in milk, soft cheeses, yogurt, and ice cream

MONOSACCHARIDES

- Fructose in apples, pears, figs, mangoes, and honey

POLYOLS

- Mannitol in mushrooms and cauliflower
- Sorbitol in blackberries, peaches, plums, and artificially sweetened and sugar-free foods
- Xylitol and erythritol added to artificially sweetened and sugar-free foods

and the author of *The Low-FODMAP Diet Step by Step*. And restricting what you eat beyond what's needed for optimal symptom control can mess with your quality of life, she adds.

PHASE 2:

REINTRODUCTION

During this two- to three-month period, you'll slowly test your tolerance to each kind of FODMAP, adding back one at a time in increasing amounts for three days. This will help identify the

FODMAPs you can eat comfortably and those that are troublemakers. It's important to keep a food diary at this stage so you and your dietitian can figure out which foods are problematic (helpful apps: the MyGiHealth GI symptom tracker and the MySymptoms food diary).

There's no set order in which to add back the FODMAP groups. "Some dietitians recommend starting with the FODMAPs the patient suspects won't cause problems, saving the most difficult for last," says Catsos. She recommends starting with the foods that you found the hardest to give up.

PHASE 3:

PERSONALIZATION

Once you know which FODMAPs you can tolerate, you can move on to the final maintenance stage—and continue in that stage indefinitely as needed to maintain good symptom control. You'll add back all the foods you are able to eat comfortably, avoiding only those that set off your symptoms.

Does this mean your IBS is gone for good? Not exactly, says Catsos. Though FODMAPs can exacerbate IBS symptoms, they don't cause the condition. "Think of it as a management strategy, not a cure," she says. Treating IBS over the long term may also mean taking medications such as muscle relaxants, antidiarrheal meds or laxatives, and even antidepressants; certain types of psychotherapy may also play a part in your treatment plan. >>

SUPERMARKET CHEAT SHEET

A guide to what you should eat and avoid on a low-FODMAP diet

▶ FRUIT

- ✓ Cantaloupe, clementines, grapes, kiwifruit, oranges, papaya, pineapple, raspberries, strawberries
- ✗ Apples, ripe bananas, blackberries, figs, grapefruit, peaches, pears, plums, watermelon, dried fruit

▶ VEGETABLES

- ✓ Bell peppers, bok choy, broccoli, carrots, green beans, green scallion tips, ginger, lettuce, potatoes, spinach, Swiss chard, tomatoes
- ✗ Artichokes, asparagus, cabbage, cauliflower, edamame, garlic, leek bulb, mushrooms, onions, shallots, snap peas

▶ DAIRY AND EGGS

- ✓ Lactose-free dairy products such as lactose-free milk, cottage cheese, sour cream, and yogurt as well as butter, eggs, and hard cheeses (Cheddar, Colby Jack, feta, mozzarella, Parmesan)
- ✗ Milk, cream cheese, ricotta cheese, sour cream, yogurt

▶ **BAKED GOODS**

- ✓ Gluten-free bread, 100% sourdough bread, brown rice tortillas
- ✗ Wheat, pumpernickel, and rye breads, bagels, and muffins; wheat tortillas

▶ **BEVERAGES**

- ✓ Almond milk, coffee, espresso, tea (green, black, peppermint)
- ✗ Fruit juice; oat and soy milks

▶ **MEAT AND SEAFOOD**

- ✓ Fresh chicken, beef, lamb, seafood; meat alternatives such as tempeh (made from fermented soybeans) and seitan (made from wheat)
- ✗ Deli meats, foods containing the filler textured vegetable protein (made from soy flour)

▶ **GRAINS, NUTS, OILS, BEANS**

- ✓ Oats, quinoa, rice, chickpeas, lentils, mayonnaise, oils (canola, coconut, olive), peanuts, peanut butter, sugar (white and brown), pecans, pine nuts, walnuts

- ✗ Beans (dry and canned), barley, couscous, wheat pasta, wheat flour, gnocchi, spelt, cashews, pistachios, agave, honey

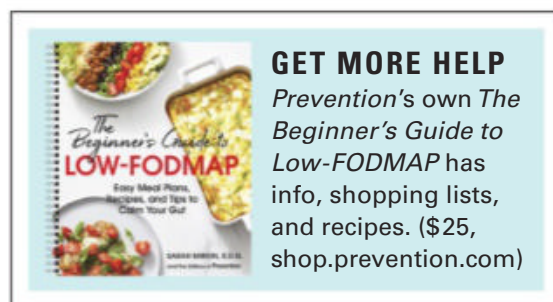


LIVING THE LOW- FODMAP LIFE

Although the diet can do wonders for your digestion and quality of life, be prepared for a few speed bumps along the way. “Eating out is the hardest thing about following the diet, especially in the initial elimination phase,” says Freuman, “because avoiding garlic and onions is nearly impossible when dining out anywhere except perhaps a sushi restaurant.” Since onions and garlic are also go-to seasonings for packaged foods like deli meats, ketchup, and salad dressings, you’ll want to scour

the ingredient lists on foods you buy at the grocery store. And if you frequently chew sugarless gum or eat sugar-free candy, be on the lookout for sugar alcohols, especially sorbitol and mannitol (non-sugar-alcohol sweeteners such as stevia and sucralose are OK).

“Cooking a low-FODMAP meal might seem a little daunting at first,” says Scarlata, “but with a few simple tweaks and the help of low-FODMAP cookbooks, you’ll be surprised how easy it is to adapt your favorite recipes and enjoy them symptom-free!”



COULD YOU HAVE IBS?

► **THERE'S NO OFFICIAL TEST FOR IBS.** Instead, doctors and dietitians look for distinctive symptoms and patterns. “One big tip-off is feeling gassier or more bloated or having diarrhea with intake of beans, cauliflower, onions, garlic, and/or

wheat,” says Freuman. Another sign: You’re super gassy after consuming protein bars or powders (often sweetened with high-FODMAP sugar alcohols or a fermentable added fiber called inulin). “Symptoms may set in two to eight

hours after eating these foods,” says Freuman, “so people may not connect the gas they have at, say, 2 p.m. to what they ate at 8 a.m.” If you experience IBS symptoms, talk to a gastroenterologist, who can rule out other conditions and advise you on whether you should try the diet.

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RIGHT AHEAD!

+++++ BY MERYL DAVIDS LANDAU +++++

Between our social media feeds, chatter from friends and family, and the 24-hour news cycle, we're inundated with info. Sometimes that's helpful, but when it comes to our health, it can make it hard to know what's truly OK. Here, we ferreted out five health care steps you may be hesitant to take that research shows are in fact perfectly safe.

▶ IT'S SAFE TO...

SUPPRESS YOUR PERIOD LONG-TERM

⊕ Whether you are disabled, are deployed in the military, are a transgender man, or just don't want the hassle of a monthly period, you can suppress your cycle with continuous hormones. Some people say this isn't natural or fear that it could affect future fertility or cancer risk, but a careful review of the evidence found nothing to bear out these concerns. Tamping down periods is fine even for a span of years, concluded a detailed report

last year from the American College of Obstetricians and Gynecologists (ACOG).

When companies initially introduced the birth control pill in the 1960s, they added the placebo week for bleeding only to mimic a "natural cycle," thus making it more acceptable, says Oluyemisi Adeyemi-Fowode, M.D., a fellowship-trained pediatric gynecologist in Sugar Land, TX, and a coauthor of the ACOG guidance—but having the red stuff flow was never necessary, she says. Depending on your situation, periods can be suppressed with continuous birth control pills, an estrogen patch, a hormonal IUD, or a contraceptive injection. Some methods produce more breakthrough bleeding, and some have side effects (Depo-Provera, for instance, can impact bone density). If you want to take a period pause, talk to your doctor about which method is best for you.

▶ IT'S SAFE TO...

BUY A HEARING AID WITHOUT AN EAR DOC

⊕ Until recently, the average cost for a pair of hearing aids was a whopping \$5,000—a key reason that only 14% of people who needed them had them. One factor driving the high prices was a requirement that the devices be sold by special hearing doctors called audiologists. However, experts agree that medical evaluation isn't always necessary, so in 2017, Congress passed legislation allowing hearing aids to be sold directly to consumers at pharmacies and electronics stores. Last fall the U.S. Food



and Drug Administration (FDA) finally gave these sales the green light, which should lower prices.

Though over-the-counter hearing aids won't be vetted as closely by the FDA, "companies are required to meet safety and efficacy standards, so consumers can feel confident buying these devices," says Barbara Kelley, executive director of the Hearing Loss Association of America. For example, built-in decibel controls prevent users from accidentally turning hearing aids up so high that they could damage an ear. Products expected on shelves this year could be ideal for adults with mild to moderate hearing loss—say, those who think others mumble too much or who have to turn the TV volume up high, Kelley says.

Most will be simple to set up and adjust using a smartphone. Hearing health is an important part of overall health, she adds, noting that untreated hearing loss is "linked to falls, isolation, depression, and even cognitive decline."

▶ IT'S SAFE TO...

AVOID **ANTIBIOTICS** FOR SOME INFECTIONS

⊕ Don't ask your doctor for antibiotics if you've got a sinus infection brewing, cautions the American Academy of Family Physicians. It is not only safe to wait but smart, the medical group says. That's because most sinus infections are caused by a virus, so if you take the drugs



unnecessarily (they work only against bacteria), you toss money away, risk side effects like GI issues and rashes, and add to the growing problem of antibiotic resistance. Most people need pills only if symptoms persist or worsen after about 10 days, indicating that bacteria have taken root, says Jorge Moreno, M.D., a Yale Medicine internist.

If your sinuses feel plugged, use a nasal saline spray or nasal irrigation, or consider trying a decongestant for up to five days (extended use can cause sinusitis rebound, Dr. Moreno says). The same waiting rule holds for most sore throats (unless a test is positive for bacteria that cause strep throat). And though antibiotics are often prescribed for urinary tract infections (UTIs), older women without symptoms who test positive for bacteria during a routine urinalysis usually don't need them. Antibiotics are necessary only if you also have symptoms like

increased frequency of urination, burning, or fever, Dr. Moreno says.

▶ IT'S SAFE TO...

SKIP THAT **BONE DENSITY** TEST UNTIL YOU'RE 65

⊕ Some gynecologists recommend that patients get their first specialized bone X-ray soon after menopause. However, the U.S. Preventive Services Task Force (USPSTF)—a group of top experts who make core health recommendations on various topics—advises women to wait until age 65 unless they have significant bone-health risks. What's the harm in having everyone get that DEXA scan earlier? For one thing, the test emits a small amount of radiation. But even more important, if results show that you have some bone loss, your doctor may recommend prescription drugs, which can cause side effects ranging from relatively minor (like upset stomach) to major (such as increased risk of blood clots).

Instead of documenting your bone status before you hit the senior mark, focus on beefing up your bones with regular weight-bearing exercise (think walking, dancing, or yoga), Dr. Moreno suggests. Keep in mind that some women need to be tested earlier, as the task force notes—especially those who smoke, have low body mass, or drink three or more alcoholic beverages a day. The USPSTF has begun its multiyear process of reviewing these recommendations, so keep an eye out in case its advice changes in coming years.

▶ IT'S SAFE TO...

SEE **A SHRINK** ON YOUR COMPUTER

➕ When the COVID-19 pandemic started, psychotherapists who had been seeing clients in person began conducting sessions via telehealth instead. It turned out to be so advantageous for both sides that even after offices reopened, many continued with the telehealth option. "People said, 'This is great. I don't have to take time to drive there or have to walk through the waiting room afterward showing signs that I've been crying,'" says Judith Gulko, Ph.D., a psychologist in Coral Springs, FL, who has kept her

practice as telehealth. "All the stuff that used to happen in a session still does. And I get the same intuitions about what's going on for them and what to say next," Gulko says.

Recent research has backed up the notion that computer therapy sessions work. A Veterans Administration (VA) review of 22 studies compared telehealth appointments to in-person ones for a variety of mental health disorders and found that both performed equally well. For most people, video is more helpful than a phone call because it lets the therapist see facial expressions, posture, fidgeting, and other emotional signals, and when the client can see the therapist it helps build connection and trust, Gulko says.

Of course, telehealth is not suitable for every situation. People dealing with severe mental health issues (like feelings of hopelessness) did better when they saw a therapist in person, the VA review found. Also, you need to have a quiet and safe place where you can talk frankly; if you're having trouble with your spouse, for example, a session from your bedroom while they're home likely won't work. But for many people, therapy via telehealth has been ideal.



GETTY IMAGES.

A vibrant, stylized illustration of a red suitcase with a teal interior. Inside the suitcase, a person is lying down, covered with a white blanket, appearing to be resting or ill. The suitcase is open, and the lid is propped up, revealing various medical supplies including a thermometer, a box of band-aids, a bottle of pills, and a bottle of ointment. The background is a bright yellow and green gradient with white clouds and several pills floating around, suggesting a travel or health theme.

PREVENTION

SCIENCE

5 Myths About Travel

Getaways are a must, but certain mistaken beliefs will bring on the wrong kind of travel bug.

BY KATE ROCKWOOD

ILLUSTRATIONS BY ANDREA DE SANTIS



MYTH #1 It's just Murphy's Law that you always get sick on vacation.

MYTHBUSTER There may be some bad luck involved, but there is an identifiable reason you often get sick when you finally get away: "You're more likely to indulge or overindulge, undertake a variety of strenuous activities you might not have the physical fitness for, and stay up late and not get enough sleep," says William Schaffner, M.D., a professor of preventive medicine and infectious diseases at Vanderbilt University School of Medicine. And if you're traveling to an area with poor public sanitation and hygiene, you might eat or drink something that makes you sick. "That, of course, can result in an unhappy two or three days when you have to stay in your hotel room," he says. Travel also means more exposure to people, ergo more germs. To cut your exposure, wash your hands, wear a high-quality mask in public places, drink bottled water, and, if you're unsure about food safety, try to eat only food that can be cooked or peeled, Dr. Schaffner says. "Travel should be fun and rewarding. So do it, enjoy it, and just don't overdo it."

MYTH #2 Airplane ventilation is so good that you don't need a mask.

MYTHBUSTER Airplane ventilation is very good (better than in just about any other indoor space, research shows). Still, by wearing a mask you can reduce your risk of catching COVID-19 on a flight by as much as 54%, a *Journal of Air Transport Management* study found. That's because the ventilation system is not even on during seemingly endless boarding and disembarking, and it doesn't reach its peak until you're in the air, research shows. Plus, ventilation isn't perfect—your chances of being infected go up based on how close you're sitting to a sick person, with the biggest risk being sitting in the same row or a row away. "Even if you're young, healthy, and strong, while in the airport or on planes, wear your mask. And before you go, get an updated COVID booster and your influenza vaccine," says Dr. Schaffner. There's a good chance you'll be on a flight with an infected person: A recent Malaysian study found COVID in the wastewater of 96% of tested flights between June and December of 2022.



MYTH #3

It's fine to drink tap water in a foreign country if you're at a fancy resort.

MYTHBUSTER Not necessarily. Take Mexico, the top foreign tourist destination for Americans. While many Mexican resorts serve purified water on-site, use purified water to prepare food, and use ice cubes made from purified water, the water coming out of the taps in your room may be a different story. The CDC recommends against drinking tap water in many countries, including places such as Mexico, Jamaica, the Bahamas, and French Polynesia. If you're not sure about the status of your resort's drinking water, stick to bottled water. "You should also never allow someone to pour water or another beverage into your glass unless you can see them opening the bottle," Dr. Schaffner says.



MYTH #4

Airplane water is OK to drink.

MYTHBUSTER It's not great. A 2019 airline water study ranked the water quality of 23 airlines based on criteria such as number of Aircraft Drinking Water Rule violations and water samples positive for E. coli or coliform bacteria. A score above 3.0 means "the airline has relatively safe, clean water," lead researcher Charles Platkin, Ph.D., founder of the Center for Food as Medicine, wrote in his report. Just four airlines—Alaska Airlines, Allegiant, Hawaiian Airlines, and Piedmont Airlines—met that standard. The study's authors recommended that to be safe, passengers bring their own water or drink only from sealed water bottles, avoid onboard tea and coffee, and use hand sanitizer rather than water when washing up.

MYTH #5**Taking aspirin before flying is the best way to prevent deep vein thrombosis (DVT).**

MYTHBUSTER Aspirin can be great for helping prevent certain blood clots in certain situations, but not when it comes to travel-related DVT clots, research shows. A major risk factor for DVT clots, which usually develop in the deep veins of the leg and can travel up to the lungs, is poor circulation, for which your risk goes up when you've been sitting still for four or more hours, the CDC says. An easy way to lower your risk is to get up and move every one or two hours or do leg exercises like flexing your calf muscles, says Cheryl Mensah, M.D., a hematology and oncology expert and an assistant professor of medicine at Weill Cornell Medicine. And don't forget to "hydrate, hydrate, hydrate," Dr. Mensah says. "If you're dehydrated, your muscles can contract, and that can make you more prone to developing blood clots." She also recommends wearing compression stockings on long trips, especially if you're at higher risk (you are over 40, overweight, pregnant, or taking hormones, or you recently had cancer or surgery), just in case. "Research shows that compression stockings can reduce risk of superficial blood clots; more research is needed regarding deep ones," she adds.



FACE YOUR FEAR

Getting a Shot

Ducking a vaccine or blood draw isn't smart for your health, so read on to tame the stress.

BY MARISA COHEN

"When I was 5 years old, a family member who was a doctor thought it would be hilarious to hold up a giant needle and say, 'Time to get your shot!' I was terrified, and I've had a huge fear of needles ever since. For years I wouldn't even get a flu shot." —Jennifer R.

Like up to 25% of all adults (and most children), Jennifer, a New York attorney, has a deep-seated fear of needles. This fear, called trypanophobia, keeps countless people from getting blood tests, having dental work, and receiving potentially lifesaving vaccines.

For about a third of those with trypanophobia, the fear stems from a traumatic incident such as having been held down for a shot as a child, endured painful blood

draws, or, yes, been teased with an oversize needle, says Eric Curcio, M.D., an associate clinical professor of medicine and pediatrics at UCLA Medicine. As for the rest, they may simply have a genetic predisposition to this particular type of anxiety, or it may be due to biology. "Something in their chemistry causes the vasovagal response—they see a needle and all of a sudden their heart rate and blood pressure drop and they feel awful or even pass out," Dr. Curcio says. He points out that the process leading up to the shot, combined with fear of the unknown, is usually worse than the brief pain of the procedure.

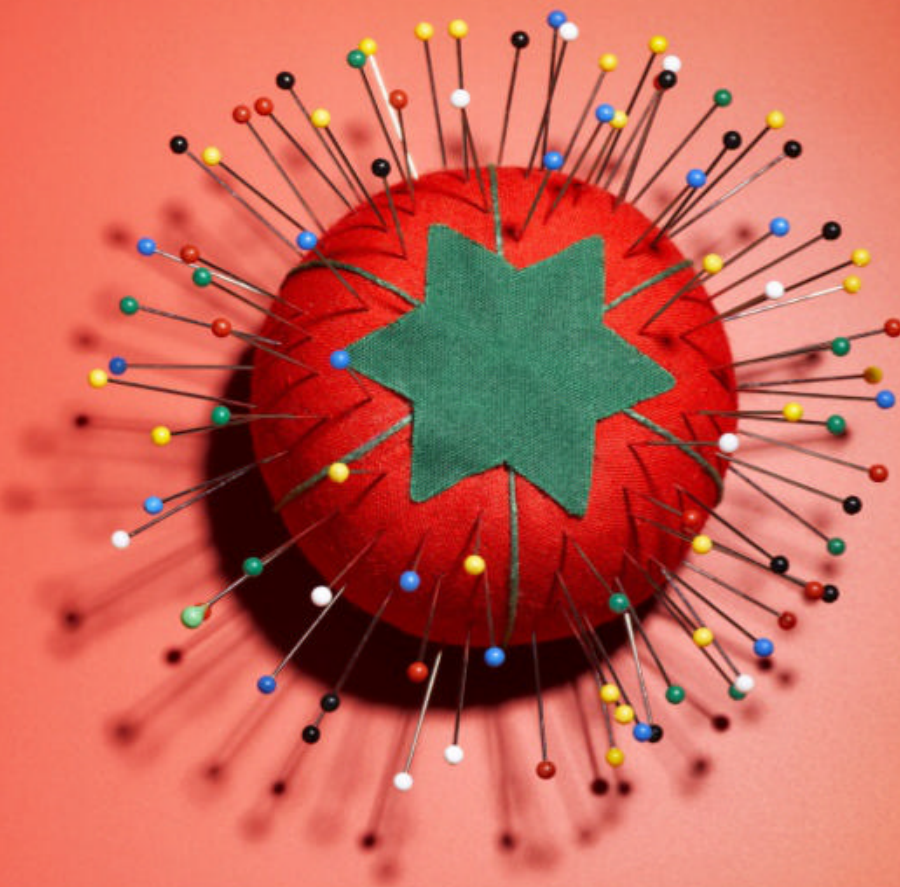
ANXIETY EASERS

To help you face your fears and take care of your health, experts share these strategies:

IF YOU HAVE 30 MINUTES

➔ **Use a numbing cream.** If you apply an over-the-counter topical cream with 4% lidocaine about half an hour before your shot or blood draw, you won't even feel the needle go in, says Dr. Curcio. You can also ask your doctor about Emla, a prescription version that's a little stronger.

16%
of people
avoid flu
vaccines
because of
fear of
needles.



IF YOU HAVE 5 MINUTES

→ **Talk it out.** “Don’t be afraid to say, ‘I had a negative experience; I’m really scared of injections,’” says Lienna Wilson, Psy.D., a cognitive behavioral therapist in Princeton, NJ. “A good provider will try to make you as comfortable as possible.” They can help distract you by talking about anything from *The Bachelor* to their favorite local lunch spot.

IF YOU HAVE 30 SECONDS

→ **Recline.** If you feel faint, lie down and elevate your legs, which helps raise your blood pressure, counteracting the vasovagal response.

AND IT CAN’T HURT TO...

Look at your phone and watch silly videos of a dog romping with a cow or

whatever makes you giggle. Distraction can work wonders, says Dr. Curcio.

LONGER-TERM FIX

Try exposure therapy. This teaches you to tolerate your discomfort by gradually exposing you to the thing you fear, explains Wilson. “You progress step-by-step—by looking at pictures of a needle, then watching a video of a person holding a syringe, and finally holding the needle yourself,” she says.



If none of these strategies work and you’re still avoiding necessary vaccines and tests, ask your doctor whether antianxiety medication may be appropriate for you.



A fair trial

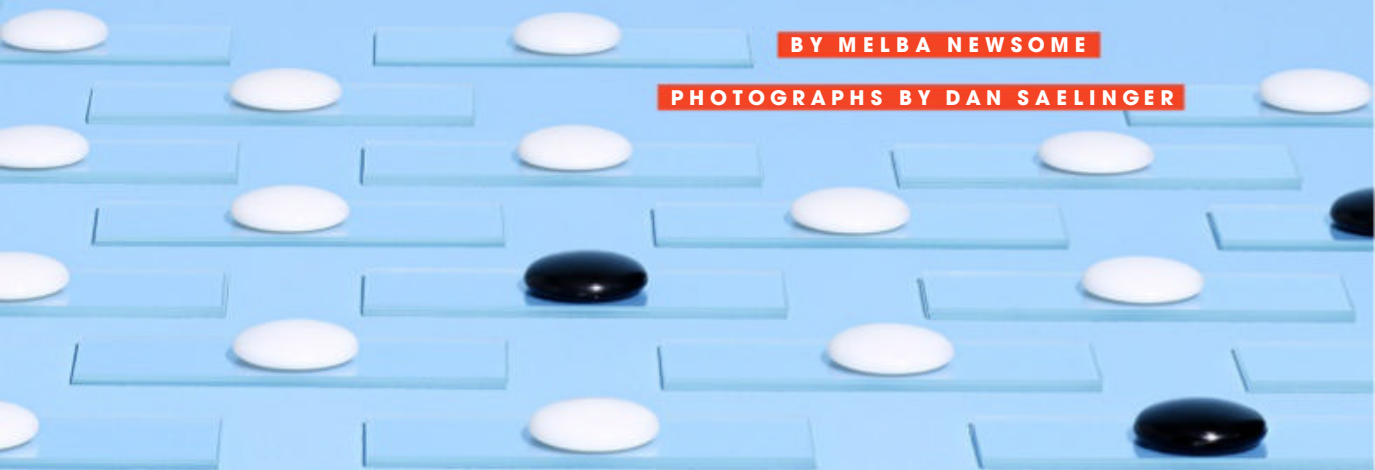


Science relies on data from clinical trials for information about effective treatments, cutting-edge therapies, and even the best age at which to get screened for life-threatening conditions. Yet Black people make up only 5% of participants, leading to knowledge gaps that can—and do—have dire consequences.

SO HOW DO WE CLOSE THE GAP?

BY MELBA NEWSOME

PHOTOGRAPHS BY DAN SAELINGER



Karen Peterson followed her doctor's treatment directions to the letter: After her Stage I triple-negative breast cancer was

diagnosed in 2015, she had four rounds of chemotherapy and a double mastectomy. Two years later, however, her cancer returned, and this time it was Stage IV. "The first time, I was just doing what I was told to do. It was all reaction," says Peterson, 58. "There is no handbook to get you through your journey."

But by the time the cancer came back, Peterson knew a lot more about her type of cancer. Diving into the research, she soon came to believe strongly that for the stage of cancer she had, conventional treatments offered little hope. If she wanted to live, she felt, she had to swing for the fences and possibly apply to be included in important clinical trials that might yield some new treatment options. This was a possibility her doctor never suggested.

Over the next few months, Peterson called, emailed, and literally knocked on the doors of doctors who were researching different kinds of targeted drugs and immunotherapies. (She'd found their trials listed on clinicaltrials.gov, the clearinghouse for publicly and privately funded medical research on

many conditions.) What they told her confirmed her instincts: She needed to act now. The first thing she had to do, they advised, was undergo genomic testing to identify the characteristics of her fast-spreading cancer and determine whether immunotherapy might keep it at bay. Peterson brought this information to her treating oncologist.

The doctor's reaction stunned her. "She said, 'No. We should exhaust all standard care, and if that doesn't work, we can think about doing the things you're talking about,'" Peterson recalls. But Peterson knew from the physicians to whom she had spoken that without the genomic testing there would be no way to make an informed choice. After a difficult final conversation, she transferred to another oncologist and got the genomic testing, which indicated that she was a good candidate for a combination immunotherapy clinical trial. Peterson continued searching and heard about a research study that had just opened. Eight weeks into the trial, her tumors had shrunk by 72%, and now, five years later, she is cancer free. "The clinical trial saved my life," she says.

NOT COMMON enough



Peterson's story is a relative rarity: She is Black, and only 3% of participants in cancer drug trials are

Black. A survey published in the *Journal of Clinical Oncology* found that when researchers interviewed Black breast cancer patients, 40% said no one on their care team had ever mentioned this option. Peterson's doctor outright rejected the idea.

Clinical trials—thorough, well-designed studies that recruit patient

volunteers from all over the world—are devised to test drugs, medical devices, and other treatments to assess their safety and efficacy before they are approved by the FDA for widespread use.



But the vast majority of clinical trial participants—80% or more—are white. Black, indigenous, and other people of color (BIPOC) are often underrepresented in proportion to their numbers, according to the FDA. Blacks make up about 14% of the U.S. population, for example, but on average they constitute a mere 5% of participants in clinical trials for disease treatment.


This is shocking, but not surprising given that only a few decades ago few clinical trials included females of any color; women were simply treated like smaller men. The assumption had long been that any medication that worked for men would work for women as well, perhaps in lower doses. But in truth men and women differ at a cellular level, which means diseases and treatments might affect them differently.

In the late 1980s, the National Institutes of Health (NIH) finally began encouraging researchers to include women in trials, but it took the NIH Revitalization Act of 1993 to give that recommendation the force of law. In 2000, the law was updated to require the inclusion of women and members of minority groups in all “NIH-supported biomedical and behavioral research projects involving human subjects.” Despite these clear mandates, equity in clinical trial diversity remains an issue, in large part because many industry-sponsored trials are not required to adhere to the mandates.

“

Screening guidelines are based on research from **clinical trials**, which often don't account for variations among **racial groups**.

WHY DIVERSITY matters

 Having people of all backgrounds, races, genders, and ages participate in clinical trials is about more than giving individuals like Peterson access to the latest therapies. It reduces bias, promotes social justice and health equity, and produces more innovative science, says the National Institute on Minority Health and Health Disparities. Crucially, greater diversity in clinical trials means patients are more likely to get the best care specific to who they are.

For example, the U.S. Preventive Services Task Force (USPSTF) and several other groups recommend that

women of average risk get mammography screenings every two years starting at age 50. These guidelines are based on research from clinical trials, which often don't account for variations among racial groups. So starting at 50 may be the right call for a specific woman—or not.

“They're missing the point that breast cancer arises earlier in Black women,” says Karen Winkfield, M.D., Ph.D., a radiation oncologist and executive director of the Meharry-Vanderbilt Alliance in Nashville. “If you look at breast cancers that are diagnosed between the ages of 20 and 40, the majority of those patients are Black.” Black women tend to be diagnosed at younger ages with a more aggressive form of breast cancer, and while overall incidence rates are similar, the mortality rate is 40% higher in Black women than in white women. Indeed, research published in *Annals of Internal Medicine* estimates that starting biennial mammograms at 40 for Black women would significantly reduce the racial mortality gap.

But because the overall guidelines are based on too-homogeneous populations, doctors are left to formulate their own recommendations. Dr. Winkfield recommends that her patients of color have breast cancer screenings annually (as opposed to every two years as recommended by USPSTF), starting at age 40. She also advises patients 40 and under with a family history of breast cancer to get a risk assessment: “If

someone in your immediate family had breast cancer, especially if they were under 40, we recommend that you get your first mammogram at an age 10 years younger than that person was when they got breast cancer.”



ONE SIZE does not fit all

➕ Black men too are subject to guidelines that may not be the most accurate for them. For years, the USPSTF guidelines recommended against routine prostate cancer screening based on studies in which Black men—who are nearly twice as likely to die from prostate cancer as are white men—were underrepresented. (The most recent guidelines have been modified to recommend that individuals discuss their risk with their doctors.) Until an update in 2021, lung cancer screening guidelines were based on a 2011 trial in which only 4% of participants were Black, though Black people tend to be diagnosed with lung cancer at earlier ages and after having smoked fewer cigarettes.

This leads to a chicken-and-egg dilemma: The list of conditions for which Black people experience delayed disease detection and higher mortality rates is long, but the fact that there are

so few Black patients in trials means we don't know how—or even whether—the guidelines should be revisited. “We know that Black people get diagnosed with and tend to die more from colon cancer, for example,” says Carol M. Mangione, M.D., M.S.P.H., chair of the U.S. Preventive Services Task Force. “But we don't have sufficient evidence to say there should be a different recommendation for Black people, because they have not historically been well represented in the clinical trials.”

Underrepresentation of Black people

in trials of cancer drugs is also common, even when Black people are disproportionately affected. Less than 2% of cancer trials funded by the National Cancer Institute focused on a racial or ethnic minority, says a 2014 study, and an analysis of the most recent FDA data found that in 57 of the 75 trials of cancer drugs approved since 2015, fewer than 5% of the patients were Black and in only one trial were more than 10% Black.

BARRIERS to entry

+ So why are clinical trials so homogeneous? There are many reasons. Some Black Americans are reluctant to participate out of fear: There is a long, well-documented history of Black people's having been



used as medical guinea pigs in the U.S., generally without their consent, and mistrust lingers. Others have experiences like Peterson's. When Laura Crandon's breast cancer came back and metastasized to her brain two years after treatment, the 54-year-old former health insurance executive was essentially told to pray. "My doctor said, 'Well, you're a woman of faith,'" Crandon recalls. "My husband and I were like, 'Wait, that's it?' Thank God I had another oncologist on board and she recommended me for a clinical trial at NIH." Crandon continues to undergo extensive testing and treatment and is holding her own. "I treat my cancer like it's a chronic condition," she says.


Another reason there are too few Black people in clinical trials: Some trials are designed with strict inclusion or exclusion criteria, nixing subjects based on BMI and the fact that they have certain chronic illnesses that are more common in Black Americans. There's also the issue of routine racial differences in lab tests. For example, Black people tend to have significantly lower total white blood cell counts than white people do, but this variation isn't taken into account in deciding who can join a trial. "Trials that do not consider racial difference in laboratory values would exclude potentially appropriate participants solely because of normal laboratory differences related to their race," write authors Muhammad Awidi, M.D., a hematology and medical oncology fellow at Roswell Park Compre-

hensive Cancer Center, and Samer Al'Hadidi, M.D., an assistant professor of hematology and oncology at the University of Arkansas for Medical Sciences College of Medicine, in a 2021 study.

And then there's the issue of logistics. Black cancer patients are often treated in under-resourced community facilities, not the major academic cancer centers where most clinical trials are conducted, and these local facilities are unlikely to be engaged in ongoing clinical trials, say Dr. Awidi and Dr. Al'Hadidi. And while the trials themselves are usually free for participants, insurance requirements for follow-up treatment can affect eligibility and participant retention.

Finally, the attitudes of study recruiters and/or gatekeepers can be obstacles. A study published in the journal *Cancer* found that some recruiters for clinical trials viewed racial and ethnic minorities as "less promising" participants and others reported withholding trial opportunities from minorities based on these perceptions.

Trying SOMETHING DIFFERENT

 There are a few paths to achieving parity, experts say. In their 2021 study, Dr. Awidi and Dr. Al'Hadidi



propose that researchers match the percentage of Black trial participants to the percentage of Black Americans affected by the disease their trial involves, and they suggest encouraging medical facilities that serve Black Americans to host oncology trials and provide financial support.

Research funders too have the power to close the gap, says Dr. Mangione. Any group that is funding a trial needs to allocate money for research only when there is a guarantee of appropriate diversity in participants, especially when it comes to the communities that are most affected, she says.

Nonprofit groups like the Lazarex Cancer Foundation, a patient-advocacy group, are fighting for—and achieving—more inclusion. In the meantime, Peterson and Crandon are speaking up. Peterson formed Karen's Club, a nonprofit advocacy group, to inform patients of color about clinical trials. "My trial was lifesaving, but trials are off the table for a lot of people," she says. "It shouldn't be a mystery, and people shouldn't think of it as something scary or unsafe. Clinical trials are just a tool in your arsenal to help you fight."

And while the NIH

trial didn't cure Crandon's cancer, it bought her critical time.

"By the time I got released from the trial a year and a half later, another therapy had come on the market that has helped prolong my life," she says. Seven years after her initial diagnosis, Crandon believes there's a reason she's still here—to break down barriers for others. Her nonprofit, Touch4Life, educates and empowers women to advocate for their own health and get diagnosed earlier. "I have resources and connections, and I'm pushing the envelope," she says. "I need the leadership that's in place, which is primarily white, to hear this boldness and this passion so they will act."



HOW TO FIND CLINICAL TRIALS

- ▶ **Search clinicaltrials.gov**, a clearinghouse for clinical trials taking place in the U.S.
- ▶ **Depending on your condition**, there may be condition-specific groups that know

about research outside the U.S.

- ▶ **If your treating doctor is not aware of any relevant clinical trials**, contact the hospital best known for treating your condition and ask about ongoing clinical trials.
- ▶ **Once you learn about clinical trials**, contact the trial organizers for eligibility criteria and to find out how to apply.



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FOOD

Protect Your Hearing

Listen up! These foods can help keep things crystal clear.

BY ALYSSA JUNG

RECIPES BY KRISTINA KUREK

Being able to hear well is one of those abilities we often take for granted at exactly the time we should be working to safeguard it. “Simple actions now can help protect you from hearing loss as you age,” says Jill Carnahan, M.D., a functional medicine expert with Flatiron Functional Medicine in Colorado. Loud noise can damage the fibers in your ear that help you hear, so it’s smart to wear earplugs at loud events, keep headphone volume at a safe level, and cover your ears around construction racket or sirens. Regularly eating foods that support optimal auditory function can also help; specific nerves help our brains translate noises into meaningful sounds, so nutrients that support the brain and the nervous system will be go-tos. Try these healthy-hearing picks.

COCONUT MATCHA SHAKE

ACTIVE 5 MIN.

TOTAL 5 MIN.

SERVES 2

In blender on medium-low speed, combine $\frac{2}{3}$ cup **coconut water**, 3Tbsp **canned coconut milk** (warmed), $\frac{1}{4}$ medium **avocado**, $\frac{1}{4}$ tsp **vanilla extract**, and a pinch of **kosher salt**. With motor running, spoon in $1\frac{1}{2}$ tsp **matcha** and 1 scoop **collagen**. Stop blender, add 1 cup **ice**, and puree on high until smooth, about 30 sec.

PER SERVING 123 cal, 7 g pro, 6 g carb, 2 g fiber, 3.5 g sugars (0 g added sugars), 8 g fat (4.5 g sat fat), 0 mg chol, 102 mg sodium

COCONUT



This tropical treat delivers a dose of potassium, which supports hearing in two ways. It helps balance levels of body fluids, including the inner ear fluid that stimulates hearing nerves to help us interpret sounds. The mineral also promotes healthy blood pressure; high blood pressure can damage blood vessels in the ear and affect hearing.



WALNUTS



These nuts are among the highest in omega-3's, a nutrient that's crucial for good neurological function and, in turn, hearing, Dr. Carnahan says.

HONEY-WALNUT YOGURT PARFAITS

ACTIVE 10 MIN.
TOTAL 10 MIN.
SERVES 4

In small bowl, combine 1½ cups toasted walnuts (chopped) with 1 tsp finely grated orange zest, ⅓ cup

honey (warmed), and a large pinch of kosher salt. Divide 1½ cups Greek yogurt among 4 bowls. Top with about two-thirds of walnut mixture. Divide 1½ cups more Greek yogurt among bowls and top

with remaining walnut mixture. Sprinkle with additional orange zest if desired. Top with freshly grated nutmeg if desired.

PER SERVING 488 cal, 22 g pro, 35 g carb, 2 g fiber, 31 g sugars (23 g added sugars), 31.5 g fat (6.5 g sat fat), 25 mg chol, 117 mg sodium



WILD RICE



“Folate is a key nutrient involved in all neurological function, including auditory processing in the brain,” says Dr. Carnahan. Wild rice contains folate and potassium, a fellow hearing helper.

WILD RICE BREAKFAST PORRIDGE

ACTIVE 10 MIN.
TOTAL 50 MIN.
SERVES 4

In medium saucepan, bring 2 cups **cashew milk**, 1 cup **water**, 1 Tbsp **pure maple syrup**, and ¼ tsp

kosher salt to a simmer. Stir in 1½ cups **wild rice blend**, reduce heat, and simmer, covered, stirring occasionally, to desired tenderness, 40 to 45 min. Stir in 1 tsp **ground cinnamon**, 1 tsp freshly

ground **nutmeg**, and ½ cup cashew milk. Top with 2 cups **strawberries** (sliced), ½ cup sliced **almonds** (toasted), 2 tsp **chia seeds**, more cashew milk, and maple syrup if desired.

PER SERVING 375 cal, 10 g pro, 65 g carb, 9 g fiber, 9 g sugars (3 g added sugars), 9.5 g fat (0.5 g sat fat), 0 mg chol, 222 mg sodium

SMOKY CHICKEN THIGHS ON BABY ROMAINE

ACTIVE 20 MIN.
TOTAL 20 MIN.
PLUS MARINATING
SERVES 4

In medium bowl, whisk together $\frac{1}{3}$ cup each **fresh lemon juice** and **olive oil**, 3 large cloves **garlic** (grated), $1\frac{1}{2}$ tsp **smoked paprika**, and $\frac{1}{2}$ tsp **kosher salt**.

Transfer $\frac{1}{4}$ cup of dressing to resealable bag, add four 5-oz **boneless, skinless chicken thighs**, and marinate 30 min. to 2 hr.; reserve remaining dressing. Heat 2 tsp olive oil in large skillet on medium. Season chicken with $\frac{1}{4}$ tsp kosher salt and cook until golden brown, 4 to 5 min. per side. Transfer to cutting

board, sprinkle with $\frac{1}{4}$ tsp smoked paprika, and slice. In reserved dressing, toss 1 pint **cherry tomatoes** (halved), 2 jarred **pepperoncini peppers** (sliced), and $\frac{1}{4}$ cup **flat-leaf parsley** (chopped). Tear 3 slices **sourdough bread** (toasted) into bite-size pieces and scatter over 4 heads **baby romaine** or **Little Gem lettuce** (halved or quartered if large). Top with tomato mixture, 1 **avocado** (cubed), and chicken.

PER SERVING 555 cal, 32 g pro, 34 g carb, 7 g fiber, 5 g sugars (0 g added sugars), 33 g fat (6 g sat fat), 130 mg chol, 808 mg sodium

CHICKEN THIGHS



Zinc plays a role in cell signaling, making it an important player in the hearing system. Some studies suggest that low levels of zinc may be associated

with age-related hearing loss and tinnitus, chronic ringing or buzzing in the ears; chicken, particularly the dark meat, is a good source of zinc.



BREAKFAST

Tropical Chia Smoothie

Make this morning drink the night before: The chia seeds will absorb liquid for a thick and satisfying sip.

ACTIVE 15 MIN.
TOTAL 15 MIN.
PLUS SOAKING
SERVES 2

- 2 Tbsp finely shredded unsweetened coconut
- 2 ripe mangoes, peeled and cut into chunks (about 11 oz)
- $\frac{2}{3}$ cup frozen passion fruit pieces, thawed (we used Pitaya brand)
- 1 cup cashew milk or milk of choice, plus more for serving
- 2 tsp pure maple syrup
- 1 tsp pure vanilla extract
- $\frac{1}{8}$ tsp kosher salt
- 2 Tbsp chia seeds

1. Heat oven or toaster oven to 350°F. Spread coconut on small parchment-lined baking

sheet. Bake, tossing halfway through, until golden brown, 3 to 3½ min. Let cool.

2. In blender, puree mangoes, passion fruit, milk, maple syrup, vanilla, and salt until smooth.

3. Place chia seeds in medium bowl and whisk in mango mixture.

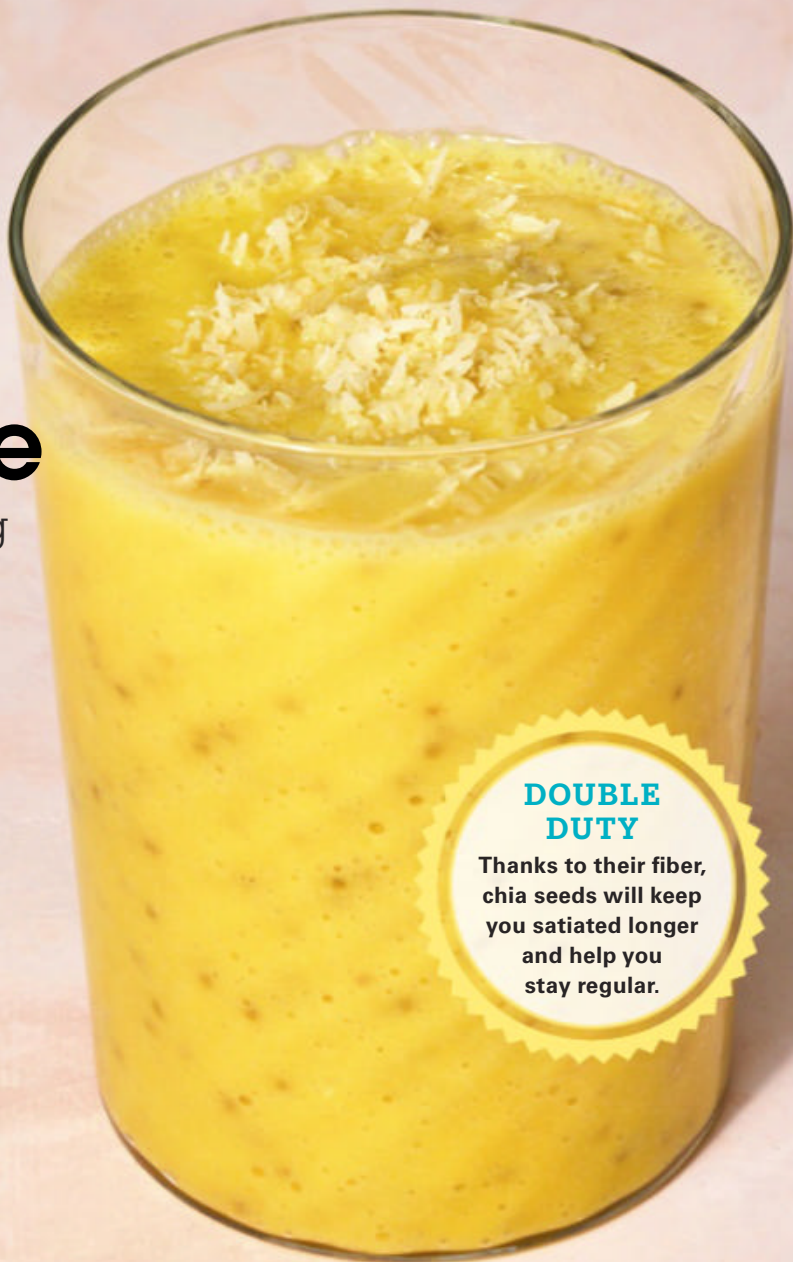
Refrigerate overnight.

4. Stir coconut into chia-mango mixture, adjusting consistency with more milk if necessary. Divide between glasses.

PER SERVING 255 cal, 4 g pro, 43 g carb, 7 g fiber, 27.5 g sugars (4 g added sugars), 8 g fat (3.5 g sat fat), 0 mg chol, 207 mg sodium

DOUBLE DUTY

Thanks to their fiber, chia seeds will keep you satiated longer and help you stay regular.





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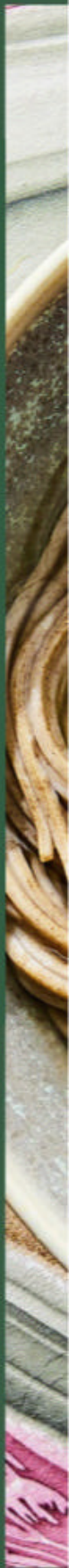
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*compared to ordinary eggs

green IS SO good

Spring's leafy greens have a well-deserved health halo, so the only real question is, how are you going to serve them up this year? The answer: these five incredible meals that make the most of the season's fresh picks.





**BOK CHOY, RADISH,
AND CHICKEN
SOBA IN DASHI**

recipe, p. 90

BOK CHOY

This full-of-fiber vegetable, a member of the cruciferous family, serves up key minerals such as folate as well as phytonutrients, which are being researched for their potential cancer-preventing power.

**PEANUT CHICKEN
CHARD WRAPS**

recipe, p. 90

CHARD

This pick is rich in vitamin K—necessary for maintaining strong bones—and comes in a variety of hues. Keep an eye out for rainbow chard, which has yellow, pink, and red stems.

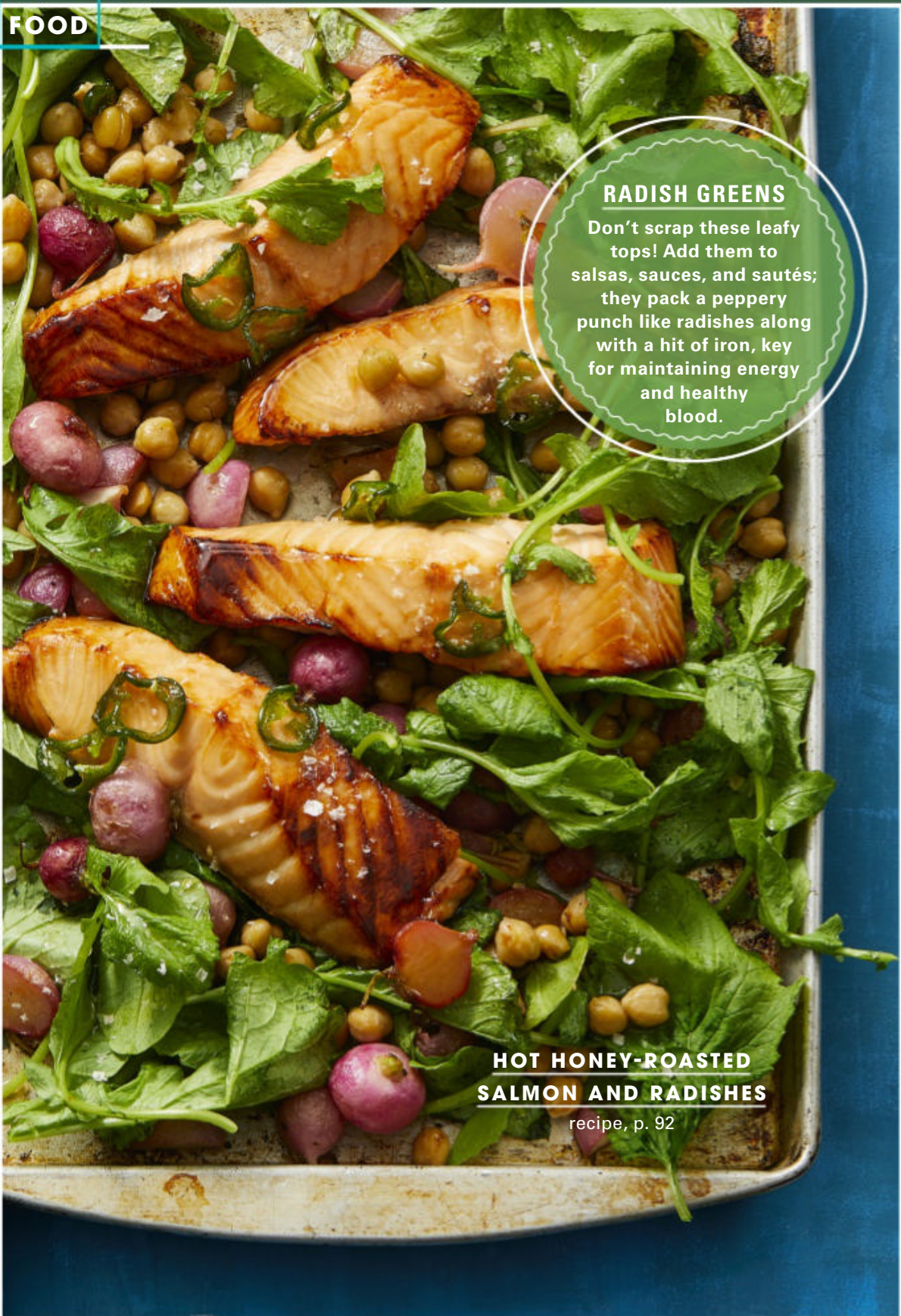
A top-down view of a white bowl filled with a vibrant watercress salad. The salad consists of fresh watercress leaves, bright green spinach, and sliced rhubarb with its characteristic red skin and white interior. The salad is garnished with several shavings of white cheese, likely Parmesan, and a light dusting of black pepper. The bowl is set against a light-colored, neutral background.

WATERCRESS

This tangy salad green has a bit of a spicy bite and plenty of immunity-boosting vitamin C. And as its name suggests, watercress is about 95% water, great for maintaining hydration.

WATERCRESS SALAD WITH RHUBARB

recipe, p. 91



RADISH GREENS

Don't scrap these leafy tops! Add them to salsas, sauces, and sautés; they pack a peppery punch like radishes along with a hit of iron, key for maintaining energy and healthy blood.

**HOT HONEY-ROASTED
SALMON AND RADISHES**

recipe, p. 92



**SPRING GREEN
PANZANELLA**
recipe, p. 92

HERBS

Tender herbs add not only fresh flavor but also a healthy dose of nutrients to any salad. Like other leafy greens, parsley, basil, mint, and dill offer vitamins A, C, and K as well as antioxidants.



■ BOK CHOY, RADISH, AND CHICKEN SOBA IN DASHI

ACTIVE 40 MIN.
TOTAL 40 MIN.
SERVES 4

- 8 scallions
 - 2 6-in. pieces kombu (about 1 oz)
 - 1 oz bonito flakes
 - 6 oz soba noodles
 - 4 cloves garlic, grated
 - 1 1½-in. piece ginger, peeled, thinly sliced, and cut into matchsticks
 - 2 Tbsp low-sodium tamari
 - 2 heads baby bok choy, trimmed, leaves separated and halved lengthwise
 - 12 oz boneless, skinless chicken breasts, very thinly sliced
 - 2 Tbsp rice vinegar
 - 2 cups tatsoi leaves
 - 4 oz radishes (watermelon, purple, red, or daikon), cut into matchsticks
- Soft-boiled eggs, enoki mushrooms, and togarashi, for serving**

1. Halve scallions where they begin to turn green. Thinly slice greens and reserve; smash white parts. Put scallion whites in large saucepan along with kombu and 7 cups water. Bring to a simmer on medium (about 10 min.).

2. Once water begins to simmer, add bonito flakes, remove from heat, and steep 3 min. Strain dashi through fine-mesh sieve into clean pot.

3. Meanwhile, cook noodles per pkg. directions, then drain.

4. Add garlic, ginger, and tamari to dashi and bring to a boil. Stir in bok choy and remove from heat. Stir in chicken and half of scallion greens; let sit until chicken is cooked through, 1 to 2 min. Stir in vinegar and tatsoi.

5. Divide noodles and radishes among bowls and ladle soup on top. Serve topped with remaining scallions, eggs, mushrooms, and togarashi if desired.

PER SERVING 304 cal, 29 g pro, 39 g carb, 5 g fiber, 3.5 g sugars (0 g added sugars), 3 g fat (0.5 g sat fat), 64 mg chol, 493 mg sodium



■ PEANUT CHICKEN CHARD WRAPS

ACTIVE 1 HR.
TOTAL 1 HR.
SERVES 8

- 1 13.5-oz can light coconut milk
- 1 Tbsp plus ½ tsp sambal-style chili sauce, divided
- 1½ lbs boneless, skinless chicken breasts, trimmed and cut into thin cutlets
- 8 large leaves Swiss chard (from about 2 bunches)
- ¼ cup crunchy peanut butter
- 2 tsp honey
- 1 tsp grated fresh ginger
- 4 Tbsp fresh lime juice, divided, plus lime wedges for serving
- 1 thick carrot, peeled
- ¾ English cucumber, cut crosswise into 4-in. lengths
- 1 large red pepper, sliced

1. In large bowl, whisk together coconut milk and 1 Tbsp chili sauce. Reserve 1 cup mixture

and set aside. Add chicken to remaining mixture and refrigerate at least 20 min., up to 24 hr.

2. Meanwhile, add 1 in. water to large skillet and bring to a simmer. Fill large bowl with ice water and line baking sheet with clean dishtowels. Working with 1 chard leaf at a time, lay leaf on work surface, vein side up, and carefully trim middle of stem so it's level with rest of leaf (this will make it more pliable when wrapping). Trim stem end. Add leaf to simmering water and cook 30 sec., immediately transfer to ice water to cool, then transfer to prepared baking sheet; repeat with remaining leaves.

3. In small bowl, whisk together peanut butter, honey, ginger, 2 Tbsp lime juice, ¼ cup reserved coconut mixture, and remaining ½ tsp chili sauce; set aside.

4. Heat grill or grill pan on medium. Using mandoline (or Y-shaped vegetable peeler), very thinly shave carrot lengthwise into ribbons. Transfer to medium bowl and toss with remaining 2 Tbsp lime juice; let sit, tossing occasionally,

until ready to use.

5. Remove chicken from marinade (discard marinade) and grill until lightly charred on 1 side, 1 to 2 min. Flip and continue cooking, basting with reserved coconut mixture, until chicken is cooked through, 6 to 10 min. more. Transfer chicken to cutting board, brush with any remaining coconut mixture, and let rest at least 5 min. before slicing.

6. Using mandoline, thinly shave cucumbers lengthwise. To assemble wraps, lay out each chard leaf and pile with vegetables and chicken. Roll up, folding sides over filling and then rolling from bottom up. Halve if desired and serve with peanut dipping sauce and lime wedges.

PER SERVING 236 cal, 23 g pro, 11 g carb, 3 g fiber, 6 g sugars (1.5 g added sugars), 11 g fat (3 g sat fat), 47 mg chol, 223 mg sodium



■ WATERCRESS SALAD WITH RHUBARB

ACTIVE 20 MIN.
TOTAL 20 MIN.
SERVES 4

- 1½ Tbsp honey
- 3 Tbsp white wine vinegar
- 3 stalks rhubarb, trimmed and thinly sliced
- 3 Tbsp olive oil
- Kosher salt and pepper
- 2 stalks celery, thinly sliced
- 1 small bulb fennel, cored and very thinly sliced
- 2 bunches upland watercress, trimmed
- 1 head butter lettuce, torn into pieces
- 2 scallions, thinly sliced
- ½ cup thinly shaved ricotta salata (optional)

1. In large bowl, whisk together honey and vinegar. Add rhubarb; toss to coat. Let sit at least 10 min. and up to 20 min., then add oil, ½ tsp salt, and 2 tsp coarsely ground pepper. Toss with celery and fennel.

2. In separate bowl, toss

watercress, lettuce, and scallions and divide among plates. Spoon rhubarb and dressing over each salad, then top with ricotta salata if desired.

PER SERVING 159 cal, 3 g pro, 16 g carb, 4 g fiber, 10.5 g sugars (6.5 g added sugars), 10.5 g fat (1.5 g sat fat), 0 mg chol, 288 mg sodium



HOT HONEY-ROASTED SALMON AND RADISHES

ACTIVE 15 MIN.
TOTAL 35 MIN.
SERVES 4

- 2 Tbsp honey
- ½ jalapeño, thinly sliced
- 2 bunches small red radishes (about 1 lb total), halved (or quartered if very large), greens reserved
- 1 Tbsp olive oil
- Kosher salt and pepper
- 1 1¼-lb salmon fillet, cut into 4 pieces
- 1 15-oz can chickpeas, rinsed

1. Heat oven to 425°F. In small saucepan, bring honey and jalapeño to a

simmer. Remove from heat and let sit 5 min., then remove and set aside jalapeño slices for serving.

2. On large rimmed baking sheet, toss radishes with oil and ¼ tsp each salt and pepper; push to edges of sheet.

3. Place salmon in center of sheet, drizzle with 1½ Tbsp honey mixture, and season with ¼ tsp each salt and pepper. Roast until radishes are tender and salmon is opaque throughout, 15 to 20 min.

4. Transfer salmon to plates and drizzle with remaining ½ Tbsp honey mixture. Toss radishes with chickpeas, then radish greens. Serve with salmon.

PER SERVING 348 cal, 34 g pro, 29 g carb, 6 g fiber, 13 g sugars (8.5 g added sugars), 10.5 g fat (2 g sat fat), 66 mg chol, 482 mg sodium



SPRING GREEN PANZANELLA

ACTIVE 20 MIN.
TOTAL 20 MIN.
SERVES 6

- ½ small loaf sourdough bread, preferably stale (about 12 oz)
- 4 Tbsp olive oil, divided
- 2 Tbsp white wine vinegar
- 2 tsp Dijon mustard
- Kosher salt and pepper
- 2 scallions, white and light green parts finely chopped, dark green parts thinly sliced
- 2 Persian cucumbers, smashed, halved lengthwise, then sliced
- ½ cup fresh or frozen peas (thawed if frozen)
- 2 cups mixed fresh herb leaves (such as parsley, basil, mint, dill)
- 5 oz greens

1. Heat oven to 400°F. Cut crusts off bread and tear bread into large pieces. On rimmed baking sheet, toss bread with 1 Tbsp oil and toast until golden brown, about 10 min.

2. Meanwhile, in large bowl, whisk together vinegar, mustard, remaining 3 Tbsp oil, and ½ tsp each salt and pepper; stir in chopped scallions.

3. Add cucumbers and toss to coat, then toss with toasted bread. Add peas, herbs, and greens and toss gently to combine.

PER SERVING 234 cal, 7 g pro, 29 g carb, 3 g fiber, 3.5 g sugars (0 g added sugars), 10.5 g fat (1.5 g sat fat), 0 mg chol, 503 mg sodium



If you are feeling exhausted and in need of revitalization, you should consider a detox or cleanse. With Active Liver™ you have the tool to do this gently and on a daily basis.



Detox your body - all year long

Each day, our liver is working hard to remove waste products and toxins from processed foods, unclean air, water and even our own body. But as we get exposed to increasingly more toxins, the liver struggles to remove them all and can start storing them in our body fat. We quickly may notice the results in our energy levels, in our lack of youthful appearance – and surprisingly, on our waistlines.

UNJUNKING YOUR BODY

A detox, like a water or juice fast, is an excellent way to rid

the body of stored toxins, but it is often difficult to abide by, and involves days or even weeks of feeling tired and sick. However, there are other ways.

DETOX WITH ONE TABLET A DAY

Active Liver™ is a dietary supplement that helps promote a healthy liver and helps you detox on a daily basis – all year round. With just one tablet a day, it gently but effectively uses known herbal extracts to facilitate detoxing of the body without the “side effects”.



THE LIVER & YOUR WAISTLINE

The liver is an important fat burning organ. If the liver is sluggish or clogged with waste material it will be less able to work, and fat can start to build up, under the skin, as belly fat and even inside the internal organs (as in a fatty liver). Making sure your liver is working well will help you flush fats from the body.



TEST YOURSELF:

	YES	NO
I have trouble fasting	<input type="radio"/>	<input type="radio"/>
I have a hard time losing weight	<input type="radio"/>	<input type="radio"/>
I have indigestion & bloating	<input type="radio"/>	<input type="radio"/>
I'm tired all the time	<input type="radio"/>	<input type="radio"/>
My liver could use some help	<input type="radio"/>	<input type="radio"/>
I am exposed to pollutants	<input type="radio"/>	<input type="radio"/>

Does this sound like you? Then try Active Liver as a help to promote your liver health.



Results may vary. Always read and follow instructions prior to use.



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TRIVIA MATH

What number will complete this equation?

NUMBER OF
MOVIE DALMATIANS



NUMBER OF MONTHS
WITH 31 DAYS



CENTURY SHAKESPEARE
WAS BORN IN



NUMBER OF STATES
THAT BEGIN WITH T



COUNT THEM UP

HOW MANY 9'S ARE THERE BETWEEN 1 AND 100?

MISSING NUMBER

Using the first three sets of numbers as clues, can you figure out what number should go in the final square?

	1	
5	2	2
	0	

	12	
5	8	4
	11	

	4	
15	10	1
	20	

	5	
2	?	3
	6	

WORD CHART

Fill in each box with a word that belongs in the category on the top and starts with the letter on the left.

	PLANT, FLOWER, OR TREE	COUNTRY
S		
P		
R		
I		
N		
G		

ANSWERS: Trivia Math: $101 + 7 - 16 \div 2 = 46$. **Count Them Up:** 20. **Missing Number:** 4 (add outside numbers, divide by 4). **Word Chart:** Many answers are possible, including: sycamore, pine, rose, iris, narcissus, ginkgo; Singapore, Poland, Rwanda, Ireland, Norway, Guyana.



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