



Is Your Cholesterol *Really*
Low Enough?

Woman's Day

Easy
Delicious
Roasted
Dinners
Page 129

FREE Slow-Cooker
Recipe Cards

Fall's
Best

Lose Your Belly
15-Minute Plan

Sublime Crumb Apple Pie
Blissful Brownie-Mix Desserts
Love to Knit?
Projects from Hollywood's
Hottest Designer

10 Steps to Reaching
Your Dreams

Yard Sale
Secrets

Make Extra Money

Cut the Chores
Destress and Make
More Time for You

Sara Evans'
Cozy Home

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SEPTEMBER 13, 2005 ■ 68TH YEAR ■ 15TH ISSUE

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CONTRIBUTORS



KAREN BOOTH ("Kids' Day," page 114) began her career with *WD* selling her first craft design on the day her son was born seven years ago. She lives and works on an island in the Pacific Northwest and has created hundreds of projects for magazines and books.



Georgia-based writer **VYVYAN LYNN** found work never-ending in her fast-paced life. "Having a home office is ideal when you have kids, but it can blur the lines between leisure and work." She shares her recharge advice on page 94.



As editorial production director, **ASHLIN BARBE** has the often difficult job of making sure all our pages get to press on time. When she's not helping editors fit text or designers tweak layouts, she enjoys kicking up her heels salsa dancing.



141 *Impressive desserts that start from a simple brownie mix. Your secret's safe with us.*

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all in a woman's day



Cast away

This is turning into my annual knitting column. I've written about it three years in a row now, for the simple reason that your response to it is close to off the charts. How long can something be hot? Well, in the case of knitting, apparently quite a long while. On a grand scale, what I love about knitting is how it **cuts across all ages** and types of women. One of the most enthusiastic knitters I know is our creative director Brad Pallas' super-hip daughter Cassie, who's turned out a lot of very cool hats and scarves for her dad (and others).

My own knitting, I must confess, hasn't progressed much since last year. **I'm still at the scarf stage**, which is fine, I'm told: There's no rule that you have to go on to sweaters or whatever. I do have my eye on the sweater we show in this issue (page 105), and having had the luxury of being able to try it on, I know it looks good on me. My husband and I are planning a long car trip later this year, and this just may be my passenger-seat project.

If you're a non-knitter who's been thinking of giving it a go, let me give you this advice: **Get thee to a yarn store now.** You'll almost certainly feel overwhelmed by the gorgeous yarns everywhere, but these are always friendly, welcoming places, so just ask, and you'll quickly be set up with lessons and everything else you need to join one of the best “clubs” around.

Jane Chesnutt
Editor-in-Chief

THADDEUS HARDEN



At the end of the day, take it all off.

new olay night cleansing cloths

Tonight is the perfect time for new Olay Daily Facials Night Cleansing Cloths. Like a scrub, you get a deep, purifying clean, all the way down to the pores. And mascara? What mascara? Take it off. Take it all off.



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Produced by Sonal Dutt

The Wheel World



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noteworthy

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Desperate Housewives six-disc box sets.

TV SHOW *Commander-In-Chief*

(ABC, Tuesdays, 9/8c) Move over, Martin Sheen, there's a new head honcho in town. Geena Davis plays Mackenzie



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haute chocolate

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ginger and milk chocolate ganache). It looks like chocolate is the new black. \$4-\$80; available at Godiva boutiques or at www.godiva.com.



37% of you say that Ty Pennington's *Extreme Makeover: Home Edition* is your favorite reality TV show, according to a WD/AOL online survey. Log on to AOL, Keyword: Woman's Day Survey, for a new question.

MARCUS TULLIS; ABC-TV (bottom left); BUENA VISTA HOME ENTERTAINMENT (bottom center); GODIVA (bottom right)

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wdsneakpeek

What you'll find in the October 4 issue, on sale September 13



whittle your waist

Jeans too tight? Sneaky reasons why the pudge won't budge.

our all-time best recipes

An inside look at *WD*'s new cookbook, out next month, with menu ideas for every occasion.

do-it-yourself health tests

Discover how your fingernails can provide clues about potential illnesses.



DECORATING FOR THE OUTDOORS

Looking for an excuse to dish the dirt? Pick up the latest issue of *Woman's Day* Special Interest Publications' *Gardening & Deck Design*. You'll get a wealth of ideas for new projects, tips on growing vegetables in containers and answers to common gardening dilemmas. On newsstands now. For more information, log on to www.womansday.com/specials.

Talk to us!



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A screenshot of the *Woman's Day* website. The address bar shows 'http://www.womansday.com/'. The main heading is 'Woman's Day' in large green letters. Below it, there's a section 'Stuff not to miss' with a mouse cursor pointing at it. There are three featured articles: 'Head-to-Toe Healthy', 'Naturally Crafty', and 'Love Your Gray'. Each article has a small image and a 'PageLink' code. At the bottom, there's a 'PLUS...' section with a list of subscription benefits and a 'WHAT IS PAGELINK?' explanation.

Stuff not to miss

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howto...

Produced by Holly C. Corbett



bag old sweaters

Try this off-the-cuff idea from *AlterKnits*, by Leigh Radford, to make use of rarely worn sweaters: Turn 'em into stylish totes. Simply toss the wool garment into a washing machine to felt, then cut the sleeves to create handles. Instead of collecting mothballs, your recycled threads will attract compliments.

PHOTOGRAPH BY DAVID PRINCE

Project adapted from *AlterKnits* by Leigh Radford (STC Craft/A Melanie Fallick Book)

INSTRUCTIONS, PAGE 20

Please turn to page 14

howto...

star
dish



connect with your child

Besides playing a mom on the WB hit show *Seventh Heaven*, **Catherine Hicks** is a real-life mother with a daughter of her own. Juggling an acting career and a family is no easy feat, but this mom is a star both on and off the screen. Here are Catherine's tricks for building bonds with your little one.

1 Give thanks. Take time to pray with your family every day. "It's vital for me to teach children to look upward, that they're lucky to have the things they do, and to say thank you."

2 Be silly. Have a karaoke night, play hide-and-seek or try tickling each other. "Parents should channel their inner child and not take everything so seriously. Laughter is like the ringing of bells in a household."

3 Feed them well. Make home-cooked meals and gather the clan to eat together regularly. "The simple act of preparing food in the kitchen makes people feel secure and loved."

Holly C. Corbett

Keep a bowl filled with beach sand and shells on your desk. When you need a mini break, close your eyes, imagine the sound of the ocean and run your fingers through the sand.

Mona Dunkel, Bowling Green, OH



LIGHTEN YOUR LOAD

To take the elbow grease out of decluttering, try scheduling a free estimate for professional rubbish removal at 800-GOT-JUNK. Schedule an appointment and the drivers will do all the heavy lifting for you. Bonus: Many of your throwaways get recycled or donated to charity instead of landing in a dump. You'll lighten your load *and* your conscience. *HCC*

bounce back better



Life can be akin to a roller-coaster ride with all its inevitable ups and downs. To rebound faster when you hit a low, try these expert tips from psychologist Robert Brooks, Ph.D., coauthor of *The Power of Resilience*:

Hone problem-solving skills. Rather than dwelling on the worst-case scenario, brainstorm alternative outcomes. Passed over for a promotion? Polish up your résumé. Channeling your energy into a solution gives you a feeling of forward momentum rather than disappointment.

Play to your strengths. Sometimes we need to remind ourselves of the things we do well in order to offset our weaknesses. One patient told Dr. Brooks she was unhappy that she wasn't a better cook. When asked what she was good at, she noted people have praised her artistic ability. So she took an art class, wound up selling a painting and worried a whole lot less about her lack of culinary skills.

Change your focus. Instead of expecting others to make a personality overhaul, alter your expectations. Focus more on people's good traits and less on their shortcomings. Your husband may leave the bedsheets in a rumbled mess, but you would've been stranded this morning if he hadn't taken your car in yesterday to get it fixed. *Cathy Garrard*

Please turn to page 16

tip Rub moistened salt on your hands to eliminate lingering onion or garlic odor.

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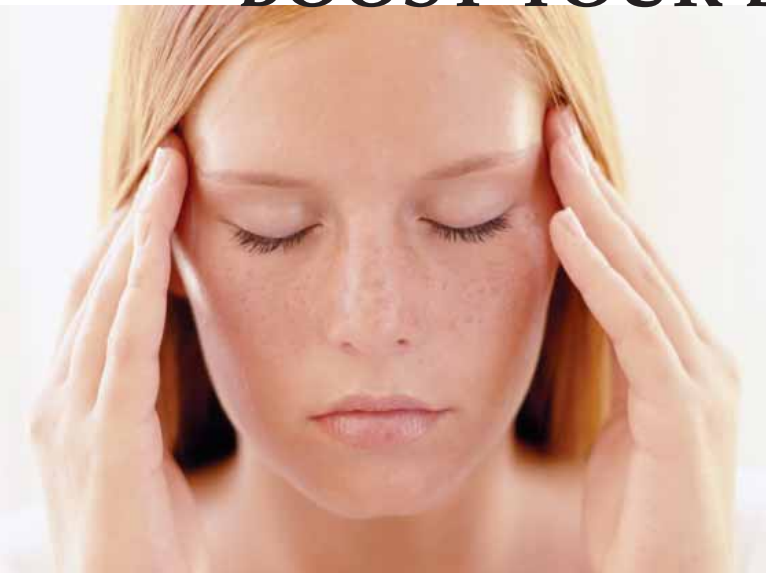
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howto...

BOOST YOUR BRAINPOWER



Keeping your memory in tip-top shape is all about building connections—literally. “Each time you learn something, you create a new pathway of nerves that link one idea to another for better recall,” says Douglas Mason, Psy.D., author of *The Memory Doctor*. Here are some of Dr. Mason’s most memorable tricks:

1 Use all five senses. Visualizing an object or event builds one pathway, but imagining what it would smell, taste and feel like creates more. If you have to remember to pick up cupcakes for a birthday party, take a moment to think about how the treat will taste and how the bakery will smell.

2 Just relax. If you’re overwhelmed, chances are your memory is too. “You need to give your brain time to process things,” says Dr. Mason. So curl up with a novel or do something calming for a few minutes each day.

3 Sneak up on it. Can’t remember the name of the woman chatting with you? Try to recall where you were when you met her or who introduced you. “It’s like getting into a house through the back door,” says Dr. Mason. *Molly Lyons*

BRING AUTUMN INTO your home

FALL FOR THESE IDEAS

from Eriko Ono, floral designer at ProFlowers. **Mix and match.** Blend classic flowers, such as lilies or roses, with stalks of grain, such as wheat and millet. **Go natural.** Scatter colored leaves, small pumpkins and squash across a table for an easy, festive centerpiece. **Contain yourself.** Put vases into terra-cotta pots and fill with flowers, or cut stems short and place blooms in harvest-colored cereal bowls or mugs. Spread them around your house for a touch of fall in every room.

Rebecca Rosner



from P. Allen Smith

“To prep your grass for winter, use a fertilizer high in potassium—it encourages strong root development. Apply with a spreader on a low setting after the lawn has been mowed and the grass is dry. Go over the area several times, then just water it in.”

grow dwarf bird of paradise

Compared to the five-foot-tall variety you’ve seen in florist shops costing more than \$10 a stem, this new variety sprouts to a manageable three feet. Like its bigger sister, the plant’s banana-like leaves, followed by exotic yellow and orange flowers, look like the feathers of a tropical bird. Brighten up your home with a potted plant kept in a sunny location. **Tip:** Take a sharp bread knife and cut through the



root clump to make several divisions for replanting when yours outgrows its pot.

Buy one potted plant for \$12.95, or save when you buy in larger quantities: Get two for \$19.95 or four for only \$29.95. To order, call toll-free 800-362-3817 and ask for Dept. H125E or use the mail-order coupon on page 148.

tip

Create a filing system for warranties, instructions and receipts.

PHOTOGRAPHS: PIERRE BOURRIER/PHOTONICA (top); DEREK FELL; ILLUSTRATION: SHARON DAHL

**IT'S DIFFERENT FOR PEOPLE
WITH ACID REFLUX DISEASE.**

Because beneath the heartburn,
something more could be brewing.

If you suffer from acid reflux disease—
if you've had persistent heartburn two or
more days a week, even with treatment
and diet change—all that churning acid
could, over time, be doing real harm to
your esophagus. And left untreated,
the damage could get worse.

**Acid reflux disease can
damage your esophagus.**

Unlike your stomach, your esophagus
offers little protection against acid. And
when acid rises into the esophagus it can
eventually wear away the lining. This
condition is called erosive esophagitis,
and only a doctor can determine if you
have it. But if you do, it's good to know
NEXIUM® (esomeprazole magnesium)
can help.

**FOR A FREE TRIAL OFFER, VISIT
PURPLEPILL.COM TODAY OR
CALL 1-800-59-NEXIUM.**

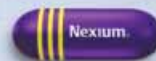
*If you're without prescription coverage
and can't afford your medications, help
may be available. Call or visit us online.*

**BEHIND
THIS TIE
ACID
COULD BE
BURNING
THE LINING
OF HIS
ESOPHAGUS.**

NEXIUM heals the damage.

NEXIUM is the healing purple pill. For many, just
one prescription NEXIUM pill a day can mean
complete, 24-hour heartburn relief. And NEXIUM
can heal even the most severe erosions in
the esophagus caused by acid reflux.

**Talk with your doctor
about NEXIUM.**



NEXIUM goes deeper than heartburn relief—
it heals acid-related erosions, allowing the
lining of your esophagus to regenerate.
Most erosions heal in 4 to 8 weeks. Your
results may vary. NEXIUM has a low
occurrence of side effects, which may
include headache, diarrhea, and abdominal
pain. Symptom relief does not rule out
other serious stomach conditions.

Next time, ask your doctor if NEXIUM
is right for you. Because healing is
such a great feeling.

*Please read the important Product
Information about NEXIUM on the adjacent
page and discuss it with your doctor.*


Nexium®
(esomeprazole magnesium)

NEXIUM and the color purple as applied to the capsule are registered trademarks of the AstraZeneca group of companies.
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AstraZeneca



Please read this summary carefully, and then ask your doctor about NEXIUM. No advertisement can provide all the information needed to prescribe a drug. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug for you.

NEXIUM® (esomeprazole magnesium) 20-mg, 40-mg Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM is indicated for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis; the maintenance of symptom resolution and healing of erosive esophagitis (controlled studies do not extend beyond 6 months); and for the treatment of heartburn and other symptoms associated with GERD; and for risk reduction of NSAID-associated gastric ulcer. **CONTRAINDICATIONS** NEXIUM is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with esomeprazole, of which NEXIUM is an enantiomer. **Information for Patients** NEXIUM Delayed-Release Capsules should be swallowed whole and taken at least one hour before meals. For patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the NEXIUM Delayed-Release Capsule can be opened, and the pellets carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce used should not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should not be stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1 and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Post-marketing reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therapy. Increases in INR and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concomitantly may need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major esomeprazole metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma levels of diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Studies evaluating concomitant administration of esomeprazole and either naproxen (non-selective NSAID) or rofecoxib (COX-2 selective NSAID) did not identify any clinically relevant changes in the pharmacokinetic profiles of esomeprazole or these NSAIDs. Esomeprazole inhibits gastric acid secretion. Therefore, esomeprazole may interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole, iron salts and digoxin). **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole was assessed using esomeprazole studies. In two 24-month oral carcinogenicity studies in rats, esomeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (about 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinomas in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of esomeprazole. Gastric carcinomas seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg esomeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then followed for an additional year without the drug. No carcinomas were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of esomeprazole did not show increased tumor occurrence, but the study was not conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Esomeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using esomeprazole studies. Esomeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy** Teratogenic Effects: Pregnancy Category B Teratology studies have been performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted with esomeprazole in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 mg/kg/day (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of esomeprazole. In rabbits, esomeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced dose-related increases in embryo-letality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with esomeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human doses on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received esomeprazole during pregnancy. **Nursing Mothers** The excretion of esomeprazole in milk has not been studied. However, esomeprazole concentrations have been measured in breast milk of a woman following oral administration of 20 mg. Because esomeprazole is likely to be excreted in human milk, because of the potential for serious adverse reactions in nursing infants from esomeprazole, and because of the potential for tumorigenicity shown for esomeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received NEXIUM in clinical trials, 1459 were 65 to 74 years of age and 354 patients were 75 years of age. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in over 15,000 patients (aged 18-84 years) in clinical trials worldwide including over 8,500 patients in the United States and over 6,500 patients in Europe and Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and long-term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, which included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (1% in all three groups) were headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among the three groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence < 1% are listed below by body system: **Body as a Whole:** abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, hot flashes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors; **Cardiovascular:** flushing, hypertension, tachycardia; **Endocrine:** goiter; **Gastrointestinal:** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysplasia GI, epigastric pain, eructation, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disorder, pharynx disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting; **Hearing:** earache, tinnitus; **Hematologic:** anemia, anemia hypochromic, cervical lymphadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia; **Hepatic:** bilirubinemia, hepatic function abnormal, SGOT increased, SGPT increased; **Metabolic/Nutritional:** glycosuria, hyperuricemia, hyponatremia, increased alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease; **Musculoskeletal:** arthralgia, arthritis aggravated, arthropathy, cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica; **Nervous System/Psychiatric:** anorexia, apathy, appetite increased, confusion, depression aggravated, dizziness, hyperpernia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, paresthesia, sleep disorder, somnolence, tremor, vertigo, visual field defect; **Reproductive:** dysmenorrhea, menstrual disorder, vaginitis; **Respiratory:** asthma aggravated, coughing, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis; **Skin and Appendages:** acne, angioedema, dermatitis, pruritus, pruritus ani, rash, rash erythematous, rash maculopapular, skin inflammation, sweating increased, urticaria; **Special Senses:** otitis media, parosmia, taste loss, taste perversion; **Urogenital:** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, moniliasis, genital moniliasis, polyuria; **Visual:** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events include: duodenitis, esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodules, Barrett's esophagus, and mucosal discoloration. Two placebo-controlled studies were conducted in 710 patients for the treatment of symptomatic gastroesophageal reflux disease. The most common adverse events that were reported as possibly or probably related to NEXIUM were diarrhea (4.3%), headache (3.8%), and abdominal pain (3.8%). **Postmarketing Reports** There have been spontaneous reports of adverse events with postmarketing use of esomeprazole. These reports have included rare cases of anaphylactic reaction and myalgia, severe dermatologic reactions, including toxic epidermal necrolysis (TEN, some fatal), Stevens-Johnson syndrome, and erythema multiforme, and pancreatitis. Very rarely, hepatitis with or without jaundice has been reported. Other adverse events not observed with NEXIUM, but occurring with omeprazole can be found in the omeprazole package insert. **ADVERSE REACTIONS** A single oral dose of esomeprazole at 510 mg/kg (about 103 times the human dose on a body surface area basis), was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory frequency, tremor, ataxia, and intermittent clonic convulsions. There have been some reports of overdosage with esomeprazole. Reports have been received of overdosage with esomeprazole in humans. Doses ranged up to 2,400 mg (120 times the usual recommended clinical dose). Manifestations were variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth, and other adverse reactions similar to those seen in normal clinical experience (see esomeprazole package insert). **ADVERSE REACTIONS.** No specific antidote for esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the event of overdosage, treatment should be symptomatic and supportive. As with the management of any overdosage, the possibility of multiple drug ingestion should be considered. For current information on treatment of any drug overdose, a certified Regional Poison Control Center should be contacted. Telephone numbers are listed in the Physicians' Desk Reference (PDR) or local telephone book. **DOSE AND ADMINISTRATION** Please see full Prescribing Information for recommended adult dosages and dosage adjustments for Special Populations for NEXIUM.

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HOW TO BAG OLD SWEATERS

Shown on page 13

Sweater Totes

Size: 16" wide x 12" to 20" long

Materials:

One 100% wool (not machine-washable) adult

pullover sweater, size large

Top-loading washing machine

Dishwashing soap

Sewing machine

Dressmaker's chalk or quilter's pencil

36" ruler

Sewing shears; T pins

For optional leather handles: belt or leash

FELTING: Place sweater in top-loading washing machine with 1-2 tablespoons dishwashing soap. Fill washing machine to lowest level with hottest water. Agitate (wash), checking every few minutes until the knit stitches

are not visible and fabric is smooth and impermeable. To dry: Roll hand knits in a bath towel to blot; run machine knits through spin cycle. Lay sweater flat on a towel or mesh dryer to air-dry, turning or blow-drying as needed.

MARKING: Lay sweater flat with shoulders toward you. Draw a line with chalk or quilter's pencil across front and back at underarms.

Tote with Fabric Straps

1. Cutting: Cut off sleeves and neck on marked line to make straps (see diagram, above).

2. Stitching: Pin sweater right side out, with side seams aligned at center front and back. Topstitch across bottom 1" from edge (usually in ribbing). Topstitch straight or zigzag around top 1/4" from edges.

3. Straps: Fold straps in half, right side out; pin. Mark 3" down from shoulder seam on back and front (6" total). Topstitch 6" seam, 1/4" from cut edges.

4. Pocket: Cut a piece about 6" x 7" from neck or other scrap, including ribbing if you like. Center on outside or inside of front; stitch sides and bottom.

Tote with Leather Straps

1. Cutting: Cut off sweater on marked line to discard top (see diagram, above). Use cut line as bottom of tote.

2. Stitching: With wrong side out, stitch 1/2" seam across bottom. To make gussets at lower corners, spread fabric and pin side seams to bottom seam. Stitch across corners, 2" from points. Turn right side out.

3. Straps: Cut two 18" or longer leather strips, including at least 2 1/2" at each end to attach to bag. Take to a shoe-repair shop to have one strap sewn to front and another to back, centering ends about 7" apart.

DISCARD SLEEVE

STRAP

DISCARD OR USE FOR POCKET

STRAP

DISCARD SLEEVE

TOTE

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Cellulite Toning Lotion



Gentle Exfoliating
Facial Cleanser



readertoreader

Produced by Robyn Moreno



chill out

Six ways to stay sane

“I **take a day off** and visit a nearby town. I window-shop, eat lunch with a friend, visit a bookstore—all the things I love but can’t normally do.” *Paula Milner, Sheridan, AK*

“I love to **surf and do yoga**. There’s nothing like riding a wave or mastering a difficult pose to get me ready for whatever my girls and husband have to toss at me. That goes for the rest of the world too.”

Paula Bender, Honolulu

“I like to go to a quiet place and **meditate or pray**. I just lose myself in my own world for five minutes. It really helps bring my feet back to the ground.”

Nancy Kissane, Tampa, FL

“I **fill my bathtub** with lavender-scented bath salts, light a candle and burn some incense. I take a deep breath and am instantly at ease.”

Karen Maumenee, Fairhope, AL

“I **play with my dogs**. There is no greater stress reducer than a big dog laying his head on your lap and looking at you with those big, dark eyes.”

Turina Huff, Arvada, CO

“I **walk with several friends** to exercise. As we walk we share what’s going on in our lives. It’s cheaper than a psychiatrist!”

Beth Cangemi, Alta Loma, CA

HANDS OFF!

Only
38%
of you have
had a professional
massage.

survey says

What’s your favorite comfort food?

- 44% Ice cream
- 28% Chocolate chip cookies
- 13% Mashed potatoes
- 11% Macaroni and cheese
- 4% Quesadillas

yay or nay?

You vote on **what’s hot** and **what’s not**

↓ **Kids with cell phones**
Yay 24% Nay 76%

↓ **PDA’s** (public displays of affection)
Yay 37% Nay 63%

↑ **Tiny dogs**
Yay 58% Nay 42%

↑ **Facials**
Yay 86% Nay 14%

JOIN THE CLUB Want to vote on Yays or Nays, take surveys, get discounts online and possibly show up in the pages of *Woman’s Day*? Join the *WD* Reader Panel at www.womansday.com/readerpanel.



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7UP PLUS™ WITH CALCIUM. Introducing a whole new kind of soft drink. With real fruit

juice, 10% of your daily calcium and only 10 calories in every 8 oz serving, it tastes so good

you can feel it in your bones. For great taste with calcium, the only way to go is UP.™



expert advice

by Chrystle Fiedler



Laurie Puhn,
communications expert

“You don’t have to be smarter,
richer or luckier to get what you want.
You just need to be persuasive.”

When Harvard-educated lawyer Laurie Puhn, J.D., helped clients resolve their disputes, she noticed that certain comments could set everyone off, while others fostered cooperation. To help the rest of us reap the benefits of well-chosen words, Puhn wrote *Instant Persuasion: How to Change Your Words to Change Your Life*. She shares how to tap into your built-in power of persuasion to reduce stress and conflict, win people over and get what you want.

Can we really win people over with just our words?

You bet! We can’t control other people, but we have 100 percent control over what we choose to say. Our words influence how people respond to us. For example, when you disagree with someone, instead of telling him he’s wrong and making him defensive, first ask him the reasons for his opinion. Once you’ve listened to and respected his opinion, he’ll be ready to listen to you. Respect breeds respect.

What’s the difference between persuasion and manipulation? Manipulation is when you benefit from a situation and the other person doesn’t. In persuasion, both people benefit. I encourage “principled persuasion,” where you speak with sincerity to persuade a person to want to help you. If someone feels she’s been used, she’ll help you once but not again.

Can you give an example of principled persuasion and how it can help you?

For instance, at work you might have to attend weekly meetings that waste time. Instead of rolling your eyes, try saying, “How about if we create an agenda with time limits, pass it out in advance and appoint someone to manage time during the meeting?” Then volunteer to be that person. You’ll turn yourself into a problem-solver, which is indispensable in the workplace. And having shorter, more efficient meetings benefits everyone, so it’s a win-win situation.

A major tool of your book is how to turn a “communication blunder” into a “communication wonder.”

How do you do this?

It’s a total communication blunder to monopolize a conversation. When you go on and on, you turn people off because it’s not a two-way conversation. But it’s a communication wonder to have a balanced exchange, because by talking *and* listening you bond

with someone. Do a self-check and ask, “Am I having a monologue or a dialogue?” If in fact you’re being long-winded, or the other person is looking away or at her watch, take a pause, ask her a question, then *listen*.

In your book, you suggest 35 “rules” to improve communication. Do you have a favorite?

I love “spread gossip.” When one of my colleagues told me that a coworker, John, gave a great presentation, I went straight to John to congratulate him, then spread the word. John felt proud of his work, and good about his relationship with that colleague and me. You can “spread gossip” about everyone: your spouse, friend or child. When you discover and use everyday opportunities to win someone over with honesty, integrity and total sincerity, you change your life.

WD

FOR MORE ADVICE on improving communication skills, log on to www.womansday.com/communicate.

If anyone should have a better doggie bag, it's dogs.



Introducing the new PEDIGREE® Slide-Rite® Zipper bag.
Keeps flavor in to make every bite of Pedigree® as fresh as the first.

Dogs rule.™

wdgiveaways

by Lisa Cohen Lee & Courtney Hargrave



all that glitters

Need some sparkle? Be one of 10 winners to receive a genuine diamond bracelet from Limoges Jewelry. The bracelet has $\frac{1}{4}$ carat total weight diamonds set in 18K gold vermeil, and is valued at \$99.99.

Entry period: August 23 to September 22.



in the bag

The "It" bag this season: a slouchy, leather hobo that's roomy enough for running errands and stylish enough for a night out. Spiegel is giving away 10 black tumbled leather hobo bags, worth \$95, with braided handles, brushed brass hardware and an inner zip pocket, offering plenty of space for a cell phone, keys, wallet and makeup.

Entry period: August 23 to September 22.

page-turners

Start the back-to-school season with some reading of your own. Score a copy of *Pomegranate Soup*, the new novel by Marsha Mehran, published by Random House. Be one of 15 winners to receive the book, full of vivid detail and delicious recipes, plus a pomegranate-inspired basket of handmade scented bar and liquid soaps, a soap dish, a nail brush and a tea towel from CleanRidge.com, all worth \$90.

Entry period: August 23 to September 22.



soothing spa treatments

Indulge in luxurious creams and scrubs that treat dry, flaky skin with a major moisture boost.

Tahitian Noni Moéa Spa Body line draws its ingredients from the native plants of Tahiti. The luscious blend of rich shea butter and oils, including healing coconut and emollient macadamia nut, protect and hydrate skin.

Fifteen lucky winners will each receive the Body Butter, Sugar Scrub and Body Soufflé, all worth \$99.

Entry period: August 23 to September 22.



TO ENTER, and for rules and details for the giveaways on this page, log on to www.womansday.com/giveaways. Giveaways begin and end at noon ET. If you don't have Internet access, ask your local librarian how to set up a free e-mail account and visit our web site to enter. No purchase necessary to enter or win.



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In six delicious varieties.



At home with Sara Evans

A real fine place

WARDROBE: STYLING: CLAUDIA FOWLER. MAKEUP: COLLEEN RUNNE. HAIR: DEBBIE DOVER WITH REVOLUTION ARTS MANAGEMENT. ON SARA: LISA BLACK KNIT HOODIE, RED ENGINE JEANS FROM JAMIE OF NASHVILLE, TN; NECKLACE BY FLAVOUR OF NASHVILLE, TN

With her ability to sing a song like she means it, country music's Sara Evans has been compared to legends Patsy Cline and Loretta Lynn. "A voice that sounds like it was born inside a roadhouse jukebox," said *The Oregonian* newspaper. Songs like "Backseat of a Greyhound Bus" and "Suds in the Bucket" have hit number one, and her latest single, "A Real Fine Place to Start," is climbing the charts. Sara took some time to show *WD* around her Nashville home.

Sara with her three children, from left, Audrey, 8 months, Olivia, 2, and Avery, 5.

PHOTOGRAPHS BY MICHAEL WESCHLER



The glazed wood cabinets, granite countertops and stainless steel appliances combine for a sleek, airy look in Sara's kitchen. "I love to make my grandmother's and mom's recipes," Sara says. "One of our favorites is a macaroni and cheese corn bake."



"When I'm on the road, which is a lot, I like to poke around antiques stores and pick up pieces here and there for the house," Sara says. She found this bench for the entryway at a shop in her home state of Missouri. She had photographs of the kids resized to fit the frames grouped above it.



FLOWERS: ALDIK. ON SARA: PONCHO FROM EMMALINE OF FRANKLIN, TN; RED ENGINE JEANS FROM JAMIE OF NASHVILLE, TN



Yellow walls in the great room make the space feel open and bright, yet still cozy. Sara and husband Craig Schelske, *left*, snuggle on the vivid claret sofa, chosen with an eye toward functionality (“We picked a dark color, because with kids, we wanted something to hide spills”). The glass lamp on the end table was a Tennessee antiques shop find.

“I like for our home to have a cozy, comfortable feel and, of course, be very kid-friendly!”



Growing up on a farm in Boonville, Missouri, with six siblings, this country girl has an appreciation for hearth and home—and space. Moving into this Nashville colonial last year, Sara and her husband, Craig, found a place that would accommodate three kids under 6 and also be good for entertaining. “Being on the road so much, we savor times at home and just playing with the kids in the backyard,” says Sara.

In the dining room, traditional brick-red walls and glossy-white molding accentuate contemporary artwork and the rustic table and chairs, an eclectic mix that manages to be classic but still reflects Sara's individuality.



“The red walls in this room make every meal we have in here seem like a special occasion.”



A window Sara found in a Nashville import shop serves as a platform for candles, *right*, a novel take on the standard centerpiece. “It’s so pretty when the candles are lit,” Sara says. “I always appreciate something that’s creative, a little bit different.” wd





Peaceful, restful sleep.

Introducing Lunesta,[™] a brand new sleep aid that can change your nights.

Even when your restless mind keeps you awake, brand new Lunesta can give your body and mind the soothing sleep you need. Lunesta not only helps most people fall asleep fast, it helps you sleep all through the night. Peacefully, uninterrupted. Lunesta works quickly, so you should only take it right before bed. And Lunesta is non-narcotic, and the first and only prescription sleep aid approved for long-term use. Of course, do not use sleep medicines for extended periods without first talking to your doctor.

Now's the time to catch the sleep you need. If you've been hesitant to take a prescription sleep aid, be sure to ask your doctor about Lunesta.

1-800-Lunesta www.lunesta.com

Leave the rest to  **Lunesta**[™]
(eszopiclone)_c
1, 2 AND 3 MG TABLETS

Important Safety Information: Be sure you have at least eight hours to devote to sleep before becoming active. Until you know how you'll react to Lunesta, you should not drive or operate machinery. Do not use alcohol while taking Lunesta. All sleep medicines carry some risk of dependency. Side effects may include unpleasant taste, headache, drowsiness and dizziness. *See important patient information on the next page.*



Please read this summary of information about LUNESTA before you talk to your doctor or start using LUNESTA. It is not meant to take the place of your doctor's instructions. If you have any questions about LUNESTA tablets, be sure to ask your doctor or pharmacist.

LUNESTA is used to treat different types of sleep problems, such as difficulty in falling asleep, difficulty in maintaining sleep during the night, and waking up too early in the morning. Most people with insomnia have more than one of these problems. You should take LUNESTA immediately before going to bed because of the risk of falling.

LUNESTA belongs to a group of medicines known as "hypnotics" or, simply, sleep medicines. There are many different sleep medicines available to help people sleep better. Insomnia is often transient and intermittent. It usually requires treatment for only a short time, usually 7 to 10 days up to 2 weeks. If your insomnia does not improve after 7 to 10 days of treatment, see your doctor, because it may be a sign of an underlying condition. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicines for long periods without talking with your doctor about the risks and benefits of prolonged use.

Side Effects

All medicines have side effects. The most common side effects of sleep medicines are:

- Drowsiness
- Dizziness
- Lightheadedness
- Difficulty with coordination

Sleep medicines can make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of LUNESTA that is best for you. Some people taking LUNESTA have reported next-day sleepiness.

To manage these side effects while you are taking this medicine:

- When you first start taking LUNESTA or any other sleep medicine, until you know whether the medicine will still have some effect on you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- Do not drink alcohol when you are taking LUNESTA or any sleep medicine. Alcohol can increase the side effects of LUNESTA or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy without a prescription. Some medicines can cause drowsiness and are best avoided while taking LUNESTA.
- Always take the exact dose of LUNESTA prescribed by your doctor. Never change your dose without talking to your doctor first.

Special Concerns

There are some special problems that may occur while taking sleep medicines.

Memory Problems

Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what has happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine. Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia." Memory problems have been reported rarely by patients taking LUNESTA in clinical studies. In most cases, memory problems can be avoided if

you take LUNESTA only when you are able to get a full night of sleep before you need to be active again. Be sure to talk to your doctor if you think you are having memory problems.

Tolerance

When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness in helping you sleep. This is known as "tolerance." Development of tolerance to LUNESTA was not observed in a clinical study of 6 months' duration. Insomnia is often transient and intermittent, and prolonged use of sleep medicines is generally not necessary. Some people, though, have chronic sleep problems that may require more prolonged use of sleep medicine. If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problems.

Dependence

Sleep medicines can cause dependence in some people, especially when these medicines are used regularly for longer than a few weeks or at high doses. Dependence is the need to continue taking a medicine because stopping it is unpleasant.

When people develop dependence, stopping the medicine suddenly may cause unpleasant symptoms (see *Withdrawal* below). They may find they have to keep taking the medicine either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using these medicines for more than a few weeks. If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting LUNESTA or any sleep medicine.

Withdrawal

Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In some cases, these symptoms can occur even if the medicine has been used for only a week or two. In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and, rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon. Although withdrawal symptoms have not been observed in the relatively limited controlled trials experience with LUNESTA, there is, nevertheless, the risk of such events in association with the use of any sleep medicine.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not get discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking LUNESTA or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

Changes In Behavior And Thinking

Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These effects are not common. However, they have included:

- More outgoing or aggressive behavior than normal
- Confusion
- Strange behavior
- Agitation
- Hallucinations
- Worsening of depression
- Suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used. Clinical experience with LUNESTA suggests that it is rarely associated with these behavior changes.

It is also important to realize it is rarely clear whether these behavior changes are caused by the medicine, are caused by an illness, or have occurred on their own. In fact, sleep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice

any changes in your behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

Pregnancy And Breastfeeding

Sleep medicines may cause sedation or other potential effects in the unborn baby when used during the last weeks of pregnancy. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking LUNESTA.

In addition, a very small amount of LUNESTA may be present in breast milk after use of the medication. The effects of very small amounts of LUNESTA on an infant are not known; therefore, as with all other prescription sleep medicines, it is recommended that you not take LUNESTA if you are breastfeeding a baby.

Safe Use Of Sleep Medicines

To ensure the safe and effective use of LUNESTA or any other sleep medicine, you should observe the following cautions:

1. LUNESTA is a prescription medicine and should be used ONLY as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take LUNESTA.
2. Never use LUNESTA or any other sleep medicine for longer than directed by your doctor.
3. If you notice any unusual and/or disturbing thoughts or behavior during treatment with LUNESTA or any other sleep medicine, contact your doctor.
4. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription and herbal preparations. You should also tell your doctor if you drink alcohol. DO NOT use alcohol while taking LUNESTA or any other sleep medicine.
5. Do not take LUNESTA unless you are able to get 8 or more hours of sleep before you must be active again.
6. Do not increase the prescribed dose of LUNESTA or any other sleep medicine unless instructed by your doctor.
7. When you first start taking LUNESTA or any other sleep medicine, until you know whether the medicine will still have some effect on you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
8. Be aware that you may have more sleeping problems the first night or two after stopping any sleep medicine.
9. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, if you become pregnant, or if you are breastfeeding a baby while taking LUNESTA.
10. As with all prescription medicines, never share LUNESTA or any other sleep medicine with anyone else. Always store LUNESTA or any other sleep medicine in the original container and out of reach of children.
11. Be sure to tell your doctor if you suffer from depression.
12. LUNESTA works very quickly. You should only take LUNESTA immediately before going to bed.
13. For LUNESTA to work best, you should not take it with or immediately after a high-fat, heavy meal.
14. Some people, such as older adults (i.e., ages 65 and over) and people with liver disease, should start with the lower dose (1 mg) of LUNESTA. Your doctor may choose to start therapy at 2 mg. In general, adults under age 65 should be treated with 2 or 3 mg.
15. Each tablet is a single dose; do not crush or break the tablet.

Note: This summary provides important information about LUNESTA. If you would like more information, ask your doctor or pharmacist to let you read the Prescribing Information and then discuss it with him or her.

Rx only



Enter for a
chance to
WIN

tickets to the Red Dress Collection 2006 Fashion Show and a \$2,500 makeover!



You know that a woman's heart has the power to love, laugh and inspire. But what you may not know is that **heart disease is the #1 killer of American women**. In fact, one in three women will die of heart disease. Women often fail to make the connection between risk factors, such as high blood pressure and high cholesterol, and their own chances of developing heart disease. **The Johnson & Johnson Consumer Companies** encourages women to protect themselves and reduce the likelihood of heart disease with these heart-healthy tips.

In Partnership With



-  **Aim for a healthy weight.**
Overweight and obesity cause many preventable deaths due to heart complications.
-  **Get moving.**
Make a commitment to be more physically active. Aim for 30 minutes of moderate activity everyday.
-  **Eat for heart health.**
Choose a diet low in saturated fat and cholesterol, and moderate in total fat. Include lots of whole grains, fruit, and vegetables.
-  **Know your numbers.**
Ask your doctor to check your blood pressure, cholesterol and blood glucose. Work with your doctor to improve any numbers that are above normal range.
-  **Don't smoke, and if you do, quit.**
Women who smoke are two-to-six times more likely to suffer a heart attack than non-smoking women. Smoking also boosts the risk of stroke and cancer.

Source: The Heart Truth, National Heart, Lung and Blood Institute



Don't miss your chance to attend the exclusive Red Dress Collection 2006 Fashion Show in New York City and a \$2,500 makeover.

Go to www.have-heart.com for more information on women and heart disease and to enter **THE POWER OF A WOMAN'S HEART™ Sweepstakes**, sponsored by **The Johnson & Johnson Consumer Companies**. The Grand Prize winner will attend the exclusive Red Dress Collection 2006 Fashion Show and receive a \$2,500 makeover! In addition, the first 15,000 people to enter will receive a free Red Dress pin and heart-health tip card.



Look in the coupon section of Sunday's newspaper on **September 18th** for great savings from these participating brands.



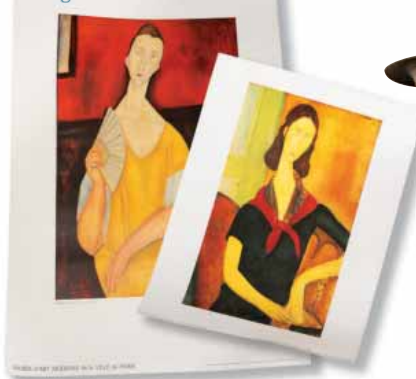
get the look

Produced by Deborah A. DeSanto

Sara Evans' accessories help her create a home that's beautiful and warm

WORK OF ART

Sara uses two contemporary portraits as dining room art, page 32. *Femme à L'éventail, 1919*, \$34, and *Jeanne Hébuterne au Foulard, \$8*, are by Amedeo Modigliani and are available at Art.com.



READY TO GLOW

A chandelier lends elegance to any dining room, page 32, but it doesn't have to cost a fortune. This Olde Iron Sea Gull single-tiered chandelier (12¾" H x 21" W) is \$49 at Sears.



POT OF GOLD

Copper is the go-to metal for warm accents. Handmade in Turkey, this flanged bowl is \$28 from Yurdan. Fill it with fruit, as on page 30, or use clay balls from Country Originals, \$18, for a different look.



A TOUCH OF TUSCANY

Set a dining table for fall, like Sara's, page 32, with richly colored terra-cotta plates. Guests will admire these burgundy salad (\$92) and vanilla dinner plates (\$99), sold as a set of four from Zrike, mixed with glassware from the Camelot collection, \$15 each.

PANEL PLAY

Use a piece of scrollwork to create a focal point above a mantel, as Sara does, page 30. This 16" square Layered Circles Wall Panel, \$50, is from Global Views.



CENTER STAGE

Adapt Sara's centerpiece idea, page 32, with a grouping of candles.

Made of pure essential oils, these candles from Aroma Naturals have therapeutic effects. Choose from lavender and tangerine, \$16, nutmeg and ylang ylang, \$13, cardamom and clove, \$21, frankincense and lavender, \$11, or fennel and cinnamon, \$13.



PERSIAN PILLOWS

This one-of-a-kind 11" x 20" Turkish pillow, made from vintage kilim rug fragments, is a nice contrast against Sara's red sofa, page 31. Made with a velvet-backing closure and down-feathered insert. \$89 at Crate & Barrel.



Put a bath mat or piece of foam under sofa cushions to prevent sliding.

MARCUS TULLIS

SCENT-FREE

This allergy season,
help prevent congestion before
it begins, with NASONEX®.



To treat and help prevent congestion and other
seasonal nasal allergy symptoms, NASONEX® is the one.

Why be all stuffed up and congested?
Bee prepared.

NASONEX® is the only prescription nasal spray FDA approved to both treat and help prevent congestion and other seasonal nasal allergy symptoms before they begin. Flonase®, Allegra®, and Zyrtec®† can't say that. Only NASONEX®. And NASONEX® is scent-free and alcohol-free.

To help prevent most seasonal nasal allergy symptoms in patients 12 years and older, NASONEX® is recommended 2 to 4 weeks prior to the anticipated start of the pollen season.

Side effects were generally mild and included headache, viral infection, sore throat, nosebleeds, and coughing. Take NASONEX® regularly as recommended by

your doctor, since its effectiveness depends upon regular use. Maximum treatment benefit is usually achieved within 1 to 2 weeks.

Please see additional important information on next page. Available by prescription only. Talk to your doctor to find out whether NASONEX® is right for you.

1-877 NASONEX
www.nasonex.com

 Schering-Plough

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NASONEX® (mometasone furoate monohydrate) Nasal Spray, 50 mcg* FOR INTRANASAL USE ONLY

*calculated on the anhydrous basis

BRIEF SUMMARY (For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE NASONEX Nasal Spray, 50 mcg is indicated for the treatment of the nasal symptoms of seasonal allergic and perennial allergic rhinitis, in adults and pediatric patients 2 years of age and older. NASONEX Nasal Spray, 50 mcg is indicated for the prophylaxis of the nasal symptoms of seasonal allergic rhinitis in adult and adolescent patients 12 years and older. In patients with a known seasonal allergen that precipitates nasal symptoms of seasonal allergic rhinitis, initiation of prophylaxis with NASONEX Nasal Spray, 50 mcg is recommended 2 to 4 weeks prior to the anticipated start of the pollen season. Safety and effectiveness of NASONEX Nasal Spray, 50 mcg in pediatric patients less than 2 years of age have not been established.

NASONEX Nasal Spray, 50 mcg, is indicated for the treatment of nasal polyps in patients 18 years of age and older. Safety and effectiveness of NASONEX Nasal Spray, 50 mcg, for the treatment of nasal polyps in pediatric patients less than 18 years of age have not been established.

CONTRAINDICATIONS Hypersensitivity to any of the ingredients of this preparation contraindicates its use.

WARNINGS The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal, i.e. joint and/or muscular pain, lassitude, and depression. Careful attention must be given when patients previously treated for prolonged periods with systemic corticosteroids are transferred to topical corticosteroids, with careful monitoring for acute adrenal insufficiency in response to stress. This is particularly important in those patients who have associated asthma or other clinical conditions where too rapid a decrease in systemic corticosteroid dosing may cause a severe exacerbation of their symptoms.

If recommended doses of intranasal corticosteroids are exceeded or if individuals are particularly sensitive or predisposed by virtue of recent systemic steroid therapy, symptoms of hypercorticism may occur, including very rare cases of menstrual irregularities, acneiform lesions, and cushingoid features. If such changes occur, topical corticosteroids should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in nonimmune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS General: Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients (see **PRECAUTIONS, Pediatric Use** section). In clinical studies with NASONEX Nasal Spray, 50 mcg, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, use of NASONEX Nasal Spray, 50 mcg should be discontinued and appropriate local or systemic therapy instituted, if needed.

Nasal corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections, or ocular herpes simplex.

Rarely, immediate hypersensitivity reactions may occur after the intranasal administration of mometasone furoate monohydrate. Extremely rare instances of wheezing have been reported.

Rare instances of nasal septum perforation and increased intraocular pressure have also been reported following the intranasal application of aerosolized corticosteroids. As with any long-term topical treatment of the nasal cavity, patients using NASONEX Nasal Spray, 50 mcg over several months or longer should be examined periodically for possible changes in the nasal mucosa.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septum ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Glaucoma and cataract formation was evaluated in one controlled study of 12 weeks' duration and one uncontrolled study of 12 months' duration in patients treated with NASONEX Nasal Spray, 50 mcg at 200 mcg/day, using intraocular pressure measurements and slit lamp examination. No significant change from baseline was noted in the mean intraocular pressure measurements for the 141 NASONEX-treated patients in the 12-week study, as compared with 141 placebo-treated patients. No individual NASONEX-treated patient was noted to have developed a significant elevation in intraocular pressure or cataracts in this 12-week study. Likewise, no significant change from baseline was noted in the mean intraocular pressure measurements for the 139 NASONEX-treated patients in the 12-month study and again, no cataracts were detected in these patients. Nonetheless, nasal and inhaled corticosteroids have been associated with the development of glaucoma and/or cataracts. Therefore, close follow-up is warranted in patients with a change in vision and with a history of glaucoma and/or cataracts.

When nasal corticosteroids are used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, NASONEX Nasal Spray, 50 mcg should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with NASONEX Nasal Spray, 50 mcg should be given the following information and instructions. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all intended or possible adverse effects. Patients should use NASONEX Nasal Spray, 50 mcg at regular intervals (see **DOSE AND ADMINISTRATION**) since its effectiveness depends on regular use. Improvement in nasal symptoms of allergic rhinitis has been shown to occur within 11 hours after the first dose based on one single-dose, parallel-group study of patients in an outdoor "park" setting (park study) and one environmental exposure unit (EEU) study and within 2 days after the first dose in two randomized, double-blind, placebo-controlled, parallel-group seasonal allergic rhinitis studies. Maximum benefit is usually achieved within 1 to 2 weeks after initiation of dosing. Patients should take the medication as directed and should not increase the prescribed dosage in an attempt to increase its effectiveness. Patients should contact their physician if symptoms do not improve, or if the condition worsens. To assure proper use of this nasal spray, and to attain maximum benefit, patients should read and follow the accompanying Patient's Instructions for Use carefully. Administration to young children should be aided by an adult.

Patients should be cautioned not to spray NASONEX Nasal Spray, 50 mcg into the eyes or directly onto the nasal septum. Persons who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles, and patients should also be advised that if they are exposed, medical advice should be sought without delay.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year carcinogenicity study in Sprague Dawley rats, mometasone furoate demonstrated no statistically significant increase in the incidence of tumors at inhalation doses up to 67 mcg/kg (approximately 1 and 2 times the maximum recommended daily intranasal dose [MRDD] in adults [400 mcg] and children [100 mcg], respectively, on a mcg/m³ basis). In a 19-month carcinogenicity study in Swiss CD-1 mice, mometasone furoate demonstrated no statistically significant increase in the incidence of tumors at inhalation doses up to 160 mcg/kg (approximately 2 times the MRDD in adults and children, respectively, on a mcg/m³ basis).

Mometasone furoate increased chromosomal aberrations in an *in vitro* Chinese hamster ovary-cell assay, but did not increase chromosomal aberrations in an *in vitro* Chinese hamster lung cell assay. Mometasone furoate was not mutagenic in the Ames test or mouse-lymphoma assay, and was not clastogenic in an *in vivo* mouse micronucleus assay and a rat bone marrow chromosomal aberration assay or a mouse meta-germ-cell chromosomal aberration assay. Mometasone furoate also did not induce unscheduled DNA synthesis *in vivo* in rat hepatocytes.

In reproductive studies in rats, impairment of fertility was not produced by subcutaneous doses up to 15 mcg/kg (less than the MRDD in adults on a mcg/m³ basis).

Pregnancy: Teratogenic Effects: Pregnancy Category C: When administered to pregnant mice, rats, and rabbits, mometasone furoate increased fetal malformations. The doses that produced malformations also decreased fetal growth, as measured by lower fetal weights and/or delayed ossification. Mometasone furoate also caused dystocia and related complications when administered to rats during the end of pregnancy.

In mice, mometasone furoate caused cleft palate at subcutaneous doses of 60 mcg/kg and above (less than the MRDD in adults on a mcg/m³ basis). Fetal survival was reduced at 180 mcg/kg (approximately 2 times the MRDD in adults on a mcg/m³ basis). No toxicity was observed at 200 mcg/kg (less than the MRDD in adults on a mcg/m³ basis).

In rats, mometasone furoate produced umbilical hernia at topical dermal doses of 600 mcg/kg and above (approximately 10 times the MRDD in adults on a mcg/m³ basis). A dose of 300 mcg/kg (approximately 6 times the MRDD in adults on a mcg/m³ basis) produced delays in ossification, but no malformations.

In rabbits, mometasone furoate caused multiple malformations (eg. flexed front paws, gallbladder agenesis, umbilical hernia, hydrocephaly) at topical dermal doses of 150 mcg/kg and above (approximately 6 times the MRDD in adults on a mcg/m³ basis). In an oral study, mometasone furoate increased resorptions and caused cleft palate and/or head malformations (hydrocephaly or domed head) at 700 mcg/kg (approximately 30 times the MRDD in adults on a mcg/m³ basis). At 2800 mcg/kg (approximately 110 times the MRDD in adults on a mcg/m³ basis), most litters were aborted or resorbed. No toxicity was observed at 140 mcg/kg (approximately 6 times the MRDD in adults on a mcg/m³ basis).

When rats received subcutaneous doses of mometasone furoate throughout pregnancy or during the later stages of pregnancy, 15 mcg/kg (less than the MRDD in adults on a mcg/m³ basis) caused prolonged and difficult labor and reduced the number of live births, birth weight, and early pup survival. Similar effects were not observed at 7.5 mcg/kg (less than the MRDD in adults on a mcg/m³ basis).

There are no adequate and well-controlled studies in pregnant women. NASONEX Nasal Spray, 50 mcg, like other corticosteroids, should be used during pregnancy only if the potential benefits justify the potential risk to the fetus. Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nonteratogenic Effects: Hypoadrenalism may occur in infants born to women receiving corticosteroids during pregnancy. Such infants should be carefully monitored.

Nursing Mothers: It is not known if mometasone furoate is excreted in human milk. Because other corticosteroids are excreted in human milk, caution should be used when NASONEX Nasal Spray, 50 mcg is administered to nursing women.

Pediatric Use: Controlled clinical studies have shown intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The long-term effects of this reduction in growth velocity associated with intranasal corticosteroids, including the impact on final adult height, are unknown. The potential for "catch up" growth following discontinuation of treatment with intranasal corticosteroids has not been adequately studied. The growth of pediatric patients receiving intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg, should be monitored routinely (eg. via stadiometry). The potential growth effects of prolonged treatment should be weighed against clinical benefits obtained and the availability of safe and effective noncorticosteroid treatment alternatives. To minimize the systemic effects of intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg, each patient should be titrated to his/her lowest effective dose.

Seven hundred and twenty (720) patients 3 to 11 years of age with allergic rhinitis were treated with mometasone furoate nasal spray, 50 mcg (100 mcg total daily dose) in controlled clinical trials (see **CLINICAL PHARMACOLOGY, Clinical Studies** section). Twenty-eight (28) patients 2 to 5 years of age with allergic rhinitis were treated with mometasone furoate nasal spray, 50 mcg (100 mcg total daily dose) in a controlled trial to evaluate safety (see **CLINICAL PHARMACOLOGY, Pharmacokinetics** section). Safety and effectiveness in children less than 2 years of age with allergic rhinitis and in children less than 18 years of age with nasal polyps have not been established.

A clinical study has been conducted for 1 year in pediatric patients with allergic rhinitis (ages 3 to 9 years) to assess the effect of NASONEX Nasal Spray, 50 mcg (100 mcg total daily dose) on growth velocity. No statistically significant effect on growth velocity was observed for NASONEX Nasal Spray, 50 mcg compared to placebo. No evidence of clinically relevant HPA axis suppression was observed following a 30-minute cosyntropin infusion.

The potential of NASONEX Nasal Spray, 50 mcg to cause growth suppression in susceptible patients or when given at higher doses cannot be ruled out.

Geriatric Use: A total of 280 patients above 64 years of age with allergic rhinitis or nasal polyps (age range 64 to 86 years) have been treated with NASONEX Nasal Spray, 50 mcg for up to 3 or 4 months, respectively. The adverse reactions reported in this population were similar in type and incidences to those reported by younger patients.

ADVERSE REACTIONS: Allergic Rhinitis. In controlled US and international clinical studies, a total of 3210 adult and adolescent patients ages 12 years and older with allergic rhinitis received treatment with NASONEX Nasal Spray, 50 mcg at doses of 50 to 800 mcg/day. The majority of patients (n = 2103) were treated with 200 mcg/day. In controlled US and international studies, a total of 990 pediatric patients (ages 3 to 11 years) with allergic rhinitis received treatment with NASONEX Nasal Spray, 50 mcg, at doses of 25 to 200 mcg/day. The majority of pediatric patients (720) were treated with 100 mcg/day. A total of 513 adult, adolescent, and pediatric patients have been treated for 1 year or longer. The overall incidence of adverse events for patients treated with NASONEX Nasal Spray, 50 mcg was comparable to patients treated with the vehicle placebo. Also, adverse events did not differ significantly based on age, sex, or race. Three per cent or less of patients in clinical trials discontinued treatment because of adverse events; this rate was similar for the vehicle and active comparators.

All adverse events (regardless of relationship to treatment) reported by 5% or more of adult and adolescent patients ages 12 years and older who received NASONEX Nasal Spray, 50 mcg, 200 mcg/day and by pediatric patients ages 3 to 11 years who received NASONEX Nasal Spray, 50 mcg, 100 mcg/day in clinical trials vs placebo and that were more common with NASONEX Nasal Spray, 50 mcg than placebo, are displayed in the table below.

	Adult and Adolescent Patients 12 years and older		Pediatric Patients Ages 3 to 11 years	
	NASONEX 200 mcg (n = 2103)	VEHICLE PLACEBO (n = 1671)	NASONEX 100 mcg (n = 374)	VEHICLE PLACEBO (n = 376)
Headache	26	22	17	18
Viral Infection	14	11	8	9
Pharyngitis	12	10	10	10
Epistaxis/Blood-Tinged Mucus	11	6	8	9
Coughing	7	6	13	15
Upper Respiratory Tract Infection	6	2	5	4
Dysmenorrhea	5	3	1	0
Musculoskeletal Pain	5	3	1	1
Sinusitis	5	3	4	4
Vomiting	1	1	5	4

Other adverse events which occurred in less than 5% but greater than or equal to 2% of mometasone furoate adult and adolescent patients (ages 12 years and older) treated with 200-mcg doses (regardless of relationship to treatment) and more frequently than in the placebo group included: arthralgia, asthma, bronchitis, chest pain, conjunctivitis, diarrhea, dyspepsia, earache, flu-like symptoms, myalgia, nausea, and rhinitis.

Other adverse events which occurred in less than 5% but greater than or equal to 2% of mometasone furoate pediatric patients ages 3 to 11 years treated with 100-mcg doses vs placebo (regardless of relationship to treatment) and more frequently than in the placebo group included: diarrhea, nasal irritation, otitis media, and wheezing.

The adverse event (regardless of relationship to treatment) reported by 5% of pediatric patients ages 2 to 5 years who received NASONEX Nasal Spray, 50 mcg, 100 mcg/day in a clinical trial vs placebo including 56 subjects (28 each NASONEX Nasal Spray, 50 mcg and placebo) and that was more common with NASONEX Nasal Spray, 50 mcg than placebo, included: upper respiratory tract infection (7% vs 0%, respectively). The other adverse event which occurred in less than 5% but greater than or equal to 2% of mometasone furoate pediatric patients ages 2 to 5 years treated with 100-mcg doses vs placebo (regardless of relationship to treatment) and more frequently than in the placebo group included: skin trauma.

Nasal Polyps. In controlled clinical studies, the types of adverse events observed in patients with nasal polyps were similar to those observed for patients with allergic rhinitis. A total of 594 adult patients (ages 18 to 86 years) received NASONEX Nasal Spray, 50 mcg, at doses of 200 mcg once or twice daily for up to 4 months for treatment of nasal polyps. The overall incidence of adverse events for patients treated with NASONEX Nasal Spray, 50 mcg was comparable to patients treated with the placebo except for epistaxis, which was 9% for 200 mcg once daily, 13% for 200 mcg twice daily, and 5% for placebo.

Rare cases of nasal ulcers and nasal and oral candidiasis were also reported in patients treated with NASONEX Nasal Spray, 50 mcg, primarily in patients treated for longer than 4 weeks.

In postmarketing surveillance of this product, cases of nasal burning and irritation, anaphylaxis and angioedema, and rare cases of nasal septal perforation have been reported. Disturbances of taste and smell have been reported very rarely.

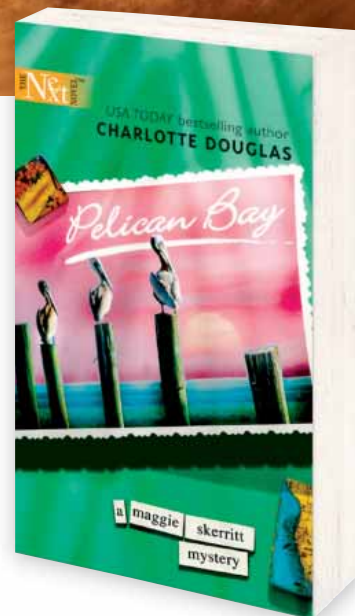
OVERDOSAGE There are no data available on the effects of acute or chronic overdosage with NASONEX Nasal Spray, 50 mcg. Because of low systemic bioavailability, and an absence of acute drug-related systemic findings in clinical studies, overdosage is unlikely to require any therapy other than observation. Intranasal administration of 1600 mcg (4 times the recommended dose of NASONEX Nasal Spray, 50 mcg) daily for 29 days, to healthy human volunteers, was well tolerated with no increased incidence of adverse events. Single intranasal doses up to 4000 mcg have been studied in human volunteers with no adverse effects reported. Single oral doses up to 8000 mcg have been studied in human volunteers with no adverse effects reported. Chronic overdosage with any corticosteroid may result in signs or symptoms of hypercorticism (see **PRECAUTIONS**). Acute overdosage with this dosage form is unlikely since one bottle of NASONEX Nasal Spray, 50 mcg contains approximately 8500 mcg of mometasone furoate.



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What's NEXT? It's a line of entertaining novels about women looking for what's next in their lives. It's stories of women facing up to the glorious unpredictability of life—women like Maggie Skerritt, a homicide detective who finds that the more she delves into the lives of her victims, the more she reevaluates her own life. Look for **Pelican Bay** and these other NEXT™ novels wherever books are sold, or get a preview at www.TheNextNovel.com.



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THREE
COVERED.**



The Government recently revised the Dietary Guidelines, suggesting that Americans dramatically increase their daily intake of a variety of vegetables, and get more exercise. An easy way to get three vegetable servings is by drinking a crisp, refreshing 12 oz. bottle of V8® 100% Vegetable Juice. For help in meeting sodium guidelines, try Low Sodium V8® 100% Vegetable Juice.

why gender matters

He loves *American Chopper*, you love *Desperate Housewives*. But entertainment preferences aren't the only things dividing the sexes. "There are also differences in how men and women experience illness," says Marianne J. Legato, M.D., founder and director of the Partnership for Gender-Specific Medicine at Columbia University. It's important to be aware of gender differences that exist in all aspects of your health care. So what should you ask your doctor about?

Medication Some drugs, such as Valium, are metabolized more rapidly in women, and women may need higher or more frequent doses. Your menstrual cycle can also rev up your metabolism, so a higher dose of drugs such as Dilantin (an anti-epileptic) may be necessary just before your period.

Symptoms Signs of illnesses can also vary between the sexes, and you should always ask if there's a possibility that your symptoms could signal something else. For example, heart disease is the most frequently missed diagnosis in women because doctors sometimes associate women's symptoms with anxiety or stress, says Dr. Legato.

Treatment options Some may have been studied only on men, so ask your doctor what the best recommendations are for your gender and age.

For up-to-date information on female-specific health topics, plus tips to help guide a conversation, log on to www.embracingwomenshealth.com, a web site sponsored by the Luminari network of physicians and experts. Click on "Talking to Your Doctor 101."

Teresa Harris



Which person may need a higher drug dose? It's probably not who you think.

5 health benefits of TEA

- It may help prevent the formation of plaque in the arteries.
- It contains antioxidants called flavonoids, which help fight cancer.
- It may protect the skin from UV damage.
- Catechins in tea may help reduce body fat.
- It may help maintain normal cholesterol levels.

new risk factors for

Parkinson's

A recent study from the Mayo Clinic found that removing both ovaries in young women may increase their risk of developing Parkinson's disease. The younger the woman is at the time of surgery, the higher the risk. Researchers suspect that this is because bilateral oophorectomy leads to loss of estrogen, which may protect the brain as we age.

ask the expert

Q Since I turned 50, I've been so forgetful. I can't remember where I put things, and thoughts just slip out of my mind. Should I be worried?

A Memory lapses are common and are not always caused by aging. If you find yourself becoming forgetful, a number of other health issues—depression, medication side effects, vitamin deficiency or thyroid disorder—could be responsible, so see your doctor for a thorough examination as soon as possible. However, if you do not suffer from any of these conditions and your memory lapses continue or worsen as you age and are accompanied by word or name loss, you may be experiencing something more serious and should seek medical attention right away. *Paula J. Clayton, M.D., professor of psychiatry, University of New Mexico School of Medicine*

the sponge returns

Eleven years after it disappeared from U.S. drugstore shelves, the Today Sponge is back with a new manufacturer. The sponge—a nonhormonal, over-the-counter birth control—was originally taken off the market because of production issues, not safety concerns. It should be available by late summer.



vertigo

Stop the spinning

what it is

The false sensation that the environment around you is moving. Vertigo can occur whether you are seated, standing or reclining. Episodes may come and go and last from seconds to hours. Vertigo is usually caused by conditions that affect the inner ear, and may be accompanied by other symptoms such as nausea, vomiting, a roaring or ringing in the ears, hearing loss, sensitivity to light or a headache.

types of vertigo

Benign positional vertigo (BPV) occurs when calcium carbonate crystals in the ear, which normally are attached to a membrane, break off and float freely around the inner ear canal. Episodes are triggered by certain head movements. BPV can occur after a trauma such as a head injury or a viral infection.

Ménière's disease is accompanied by nausea, episodic ringing or buzzing, intermittent hearing loss and a sensation of fullness in the ears. In most cases, only one ear is affected, but attacks may increase in severity and frequency over time. Some experts believe it occurs due to abnormal regulation of inner ear fluid.

Vestibular neuritis is accompanied by nausea and vomiting. The vertigo can be constant at first, but may resolve on its own within a few weeks. Some doctors think it's caused when viruses in the herpes family (the group that causes cold sores) attack the vestibular nerve leading from the inner ear to the brain.

Migraine-associated vertigo is often misdiagnosed because it may not occur at the same time as a headache. Some patients may not have had migraines for years. The spells last a few seconds to a few hours, and may be accompanied by sensitivity to light.

treatment

BPV is treated with a procedure called the "Epley maneuvers." A doctor moves your head in four sequential positions to reposition the crystals inside the inner ear, eliminating vertigo.

A low-salt diet and diuretic drugs may reduce **Ménière's disease** attacks. Less commonly, surgery to drain the inner ear or prescription ear drops such as gentamicin may be required.

Vestibular neuritis can be treated with prescription anti-nausea drugs such as meclizine (Antivert) or steroids such as prednisone to reduce inflammation of the vestibular nerve.

Migraine-associated vertigo treatments may include prescription migraine drugs, such as tricyclic medications like Amitriptyline, and the elimination of food triggers.

"Vertigo is a symptom, not a disease. While most cases are not serious, it can be debilitating. The key to diagnosis is observing the accompanying symptoms."

Joel A. Goebel, M.D.
professor and vice chairman, director of
Dizziness and Balance Center, department of
Otolaryngology-Head and Neck Surgery,
Washington University School of Medicine
in St. Louis

diagnosis

Your doctor will ask about the nature of your spells, recent infections, head injuries and current medications. A physical exam can evaluate balance function. Common diagnostic tests:

- Audiogram (hearing test)
- Video-Oculography (VOG) test evaluates inner ear and brain function by measuring involuntary eye movements
- The Dix-Hallpike maneuver determines whether vertigo is triggered by specific head movements
- CT scan or MRI rules out stroke or acoustic neuroma, a benign tumor of the vestibular nerve that leads from the inner ear to the brain

WANT TO KNOW MORE? Visit the Vestibular Disorders Association at www.vestibular.org.
● Go to the American Hearing Research Foundation at www.american-hearing.org.

tip

Increase your iron intake by cooking in iron-clad pots and pans.



**At 6'4", 220 pounds,
Bob is a formidable man.
But he's no match for something
one millionth his size.**

A CLOT.

Clots are the number one cause of heart attack and stroke, but you can help reduce your risk.

This is important information if you've been hospitalized with heart-related chest pain or a certain type of heart attack.

That's because these conditions, known as Acute Coronary Syndrome – or ACS – are usually caused when blood platelets stick together and form clots that block blood flow to your heart. And if you've already had a clot, you're at an increased risk for a future heart attack or stroke.



PLAVIX, in combination with aspirin, helps provide greater protection against a future heart attack or stroke than aspirin alone.

PLAVIX, taken with aspirin, plays its own role in helping reduce your risk of heart attack and stroke. That's because, unlike your cholesterol and blood pressure medications, prescription PLAVIX works directly to help keep blood platelets from sticking together and forming clots.



IMPORTANT INFORMATION: If you have a stomach ulcer or other condition that causes bleeding, you shouldn't use PLAVIX. When taking PLAVIX alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, talk to your doctor before taking aspirin or other medicines with PLAVIX. Additional rare but serious side effects could occur.

Talk to your doctor today to learn more about PLAVIX.
Or visit www.plavix.com or call 1.888.334.9080.

See important product information on the following page.

ONCE-A-DAY
Plavix
(clopidogrel bisulfate) 75mg tablets

BECAUSE YOU'RE NO MATCH FOR A DANGEROUS CLOT.

PLAVIX®

clopidogrel bisulfate tablets

Rx only
Brief Summary of Prescribing Information Rev. November 2004

INDICATIONS AND USAGE

PLAVIX (clopidogrel bisulfate) is indicated for the reduction of thrombotic events as follows:

- **Recent MI, Recent Stroke or Established Peripheral Arterial Disease**
 For patients with a history of recent myocardial infarction (MI), recent stroke, or established peripheral arterial disease, PLAVIX has been shown to reduce the rate of a combined endpoint of new ischemic stroke (fatal or not), new MI (fatal or not), and other vascular death.
- **Acute Coronary Syndrome**
 For patients with acute coronary syndrome (unstable angina/non-Q-wave MI) including patients who are to be managed medically and those who are to be managed with percutaneous coronary intervention (with or without stent) or CABG, PLAVIX has been shown to reduce the rate of a combined endpoint of cardiovascular death, MI, stroke, or as well as the rate of a combined endpoint of cardiovascular death, MI, stroke, or revascularization ischemia.

CONTRAINDICATIONS

The use of PLAVIX is contraindicated in the following conditions:
 • Hypersensitivity to the drug substance or any component of the product.
 • Active pathological bleeding such as peptic ulcer or intracranial hemorrhage.

WARNINGS

Thrombotic thrombocytopenic purpura (TTP): TTP has been reported rarely following use of PLAVIX, sometimes after a short exposure (<2 weeks). TTP is a serious condition and requires urgent referral to a hematologist for prompt treatment. It is characterized by thrombocytopenia, microangiopathic hemolytic anemia (schistocytes fragmented RBCs) seen on peripheral smear, neurological findings, renal dysfunction, and fever. TTP has not been reported during clopidogrel clinical trials, which included over 17,500 clopidogrel-treated patients. In world-wide postmarketing experience, however, TTP has been reported at a rate of about four cases per million patients exposed, or about 11 cases per million patient-years. The background rate is thought to be about four cases per million person-years. (See **ADVERSE REACTIONS**.)

PRECAUTIONS

General
 As with other antiplatelet agents, PLAVIX prolongs the bleeding time and therefore should be used with caution in patients who may be at risk of increased bleeding from trauma, surgery, or other pathological conditions (particularly gastrointestinal and intracranial). If a patient is to undergo elective surgery and an antiplatelet effect is not desired, PLAVIX should be discontinued 5 days prior to surgery.
 Due to the risk of bleeding and undesirable hematological effects, blood cell count determination and/or other appropriate testing should be promptly considered, whenever such suspected clinical symptoms arise during the course of treatment (see **ADVERSE REACTIONS**).

GI Bleeding: In CAPRIE, PLAVIX was associated with a rate of gastrointestinal bleeding of 2.0% vs. 2.7% on aspirin. In CURE, the incidence of major gastrointestinal bleeding was 1.3% vs. 1.9% on PLAVIX + aspirin vs. placebo + aspirin, respectively. PLAVIX should be used with caution in patients who have lesions with a propensity to bleed (such as ulcers). Drugs that might induce such lesions should be used with caution in patients taking PLAVIX.

Use in Hepatically Impaired Patients: Experience is limited in patients with severe hepatic disease, who may have bleeding diatheses. PLAVIX should be used with caution in this population.

Use in Renally Impaired Patients: Experience is limited in patients with severe renal impairment. PLAVIX should be used with caution in this population.

Information for Patients
 Patients should be told that they may bleed more easily and it may take them longer than usual to stop bleeding when they take PLAVIX or PLAVIX combined with aspirin, and that they should report any unusual bleeding to their physician. Patients should inform physicians and dentists that they are taking PLAVIX and/or any other product known to affect bleeding before any surgery is scheduled and before any new drug is taken.

Drug Interactions
 Study of specific drug interactions yielded the following results:
 Aspirin: Aspirin did not modify the clopidogrel-mediated inhibition of ADP-induced platelet aggregation. Concomitant administration of 500 mg of aspirin twice a day for 1 day did not significantly increase the prolongation of bleeding time induced by PLAVIX. PLAVIX potentiated the effect of aspirin on collagen-induced platelet aggregation. PLAVIX and aspirin have been administered together for up to one year.

Heparin: In a study in healthy volunteers, PLAVIX did not necessitate modification of the heparin dose or alter the effect of heparin on coagulation. Coadministration of heparin had no effect on the pharmacodynamic activity of PLAVIX.

Nonsteroidal Anti-inflammatory Drugs (NSAIDs): In healthy volunteers receiving naproxen, concomitant administration of PLAVIX was associated with increased occult gastrointestinal blood loss. NSAIDs and PLAVIX should be administered with caution.

Warfarin: Because of the increased risk of bleeding, the concomitant administration of warfarin with PLAVIX should be undertaken with caution. (See **PRECAUTIONS-General**.)

Other Concomitant Therapy: No clinically significant pharmacodynamic interactions were observed when PLAVIX was coadministered with atenolol, nifedipine, or both atenolol and nifedipine. The pharmacodynamic activity of PLAVIX was also not significantly influenced by the coadministration of phenobarbital, cimetidine or estrogens.

The pharmacokinetics of **digoxin** or **theophylline** were not modified by the coadministration of PLAVIX (clopidogrel bisulfate).

At high concentrations in vitro, clopidogrel inhibits P₄₅₀ (CYP2C8). Accordingly, PLAVIX may interfere with the metabolism of **phenytoin**, **lamoxifen**, **tolbutamide**, **warfarin**, **torsemide**, **fluvastatin**, and many non-steroidal anti-inflammatory agents, but there are no data with which to predict the magnitude of these interactions. Caution should be used when any of these drugs is administered with PLAVIX.

In addition to the above specific interaction studies, patients entered into clinical trials with PLAVIX received a variety of concomitant medications including diuretics, beta-blocking agents, angiotensin converting enzyme inhibitors, calcium antagonists, cholesterol lowering agents, coronary vasodilators, antidiabetic agents (including insulin), antiplatelet agents, hormone replacement therapy, heparins (unfractionated and LMWH) and GPIIb/IIIa antagonists without evidence of clinically significant adverse interactions. The use of oral anticoagulants, non-study anti-platelet drug and chronic NSAIDs was not allowed in CURE and there are no data on their concomitant use with clopidogrel.

Drug/Laboratory Test Interactions
 None known.

Carcinogenesis, Mutagenesis, Impairment of Fertility
 There was no evidence of tumorigenicity when clopidogrel was administered for 78 weeks to mice and 104 weeks to rats at dosages up to 77 mg/kg per day, which afforded plasma exposures >25 times that in humans at the recommended daily dose of 75 mg.

Clopidogrel was not genotoxic in four *in vitro* tests (Ames test, DNA-repair test in rat hepatocytes, gene mutation assay in Chinese hamster fibroblasts, and metaphase chromosome analysis of human lymphocytes) and in one *in vivo* test (micronucleus test by oral route in mice).

Clopidogrel was found to have no effect on fertility of male and female rats at oral doses up to 400 mg/kg per day (52 times the recommended human dose on a mg/m² basis).

Pregnancy
 Pregnancy Category B. Reproduction studies performed in rats and rabbits at doses up to 500 and 300 mg/kg/day (respectively, 65 and 78 times the recommended daily human dose on a mg/m² basis), revealed no evidence of impaired fertility or fetotoxicity due to clopidogrel. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of a human response, PLAVIX should be used during pregnancy only if clearly needed.

Nursing Mothers
 Studies in rats have shown that clopidogrel and/or its metabolites are excreted in the milk. It is not known whether this drug is secreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the nursing woman.

Pediatric Use
 Safety and effectiveness in the pediatric population have not been established.

Geriatric Use
 Of the total number of subjects in controlled clinical studies, approximately 50% of patients treated with PLAVIX were 65 years of age and over. Approximately 16% of patients treated with PLAVIX were 75 years of age and over.

The observed difference in risk of bleeding events with clopidogrel plus aspirin versus placebo plus aspirin by age category is provided in the following table (see **ADVERSE REACTIONS**).

ADVERSE REACTIONS

PLAVIX has been evaluated for safety in more than 17,500 patients, including over 9,000 patients treated for 1 year or more. The overall tolerability of PLAVIX in CAPRIE was similar to that of aspirin regardless of age, gender and race, with an approximately equal incidence (13%) of patients withdrawing from treatment because of adverse reactions. The clinically important adverse events observed in CAPRIE and CURE are discussed below.

Hemorrhagic: In CAPRIE, patients receiving PLAVIX, gastrointestinal hemorrhage occurred at a rate of 2.0%, and required hospitalization in 0.7%. In patients receiving aspirin, the corresponding rates were 2.7% and 1.1%, respectively. The incidence of intracranial hemorrhage was 0.4% for PLAVIX compared to 0.5% for aspirin.
 In CURE, PLAVIX use with aspirin was associated with an increase in bleeding compared to placebo with aspirin (see table below). There was an excess in major bleeding in patients receiving PLAVIX plus aspirin compared with placebo plus aspirin, primarily gastrointestinal and at puncture sites. The incidence of intracranial hemorrhage (0.1%), and fatal bleeding (0.2%), were the same in both groups.

The overall incidence of bleeding is described in the table below for patients receiving both PLAVIX and aspirin in CURE.

CURE Incidence of bleeding complications (% patients)			
Event	PLAVIX (+ aspirin)* (n=6259)	Placebo (+ aspirin)* (n=6303)	P-value
Major bleeding †	3.7 †	2.7 †	0.001
Life-threatening bleeding	2.2	1.8	0.13
Fatal	0.2	0.2	
5 g/dL hemoglobin drop	0.9	0.9	
Requiring surgical intervention	0.7	0.7	
Hemolytic strokes	0.1	0.1	
Requiring transfusions	0.5	0.5	
Requiring transfusion (≥4 units)	1.2	1.0	
Other major bleeding	1.6	1.0	0.005
Significantly disabling	0.4	0.3	
Intracranial bleeding with significant loss of vision	0.05	0.03	
Requiring 2-3 units of blood	1.3	0.9	
Minor bleeding ‡	5.1	2.4	<0.001

† Other standard therapies were used as appropriate.
 ‡ Life threatening and other major bleeding.
 † Major bleeding event rate for PLAVIX + aspirin was dose-dependent on aspirin: <100 mg-2.5%; 100-200 mg-3.5%; ≥200 mg-4.9%. Major bleeding event rates for PLAVIX + aspirin by age were: <65 years = 2.5%, ≥65 to <75 years = 4.1%, ≥75 years 5.9%.
 ‡ Major bleeding event rate for placebo + aspirin was dose-dependent on aspirin: <100 mg-2.0%; 100-200 mg-2.3%; ≥200 mg-4.0%. Major bleeding event rates for placebo + aspirin by age were: <65 years = 2.1%, ≥65 to <75 years = 3.1%, ≥75 years 3.6%.
 † Led to interruption of study medication.

Ninety-two percent (92%) of the patients in the CURE study received heparin/LMWH, and the rate of bleeding in these patients was similar to the overall results.

There was no excess in major bleeds within seven days after coronary bypass graft surgery in patients who stopped therapy more than five days prior to surgery (event rate 4.4% PLAVIX + aspirin; 5.3% placebo + aspirin). In patients who remained on therapy within five days of bypass graft surgery, the event rate was 9.6% for PLAVIX + aspirin, and 6.3% for placebo + aspirin.

Neutropenia/agranulocytosis: Ticlopidine, a drug chemically similar to PLAVIX, is associated with a 0.8% rate of severe neutropenia (less than 450 neutrophils/ μ L). In CAPRIE severe neutropenia was observed in six patients, four on PLAVIX and two on aspirin. Two of the 9599 patients who received PLAVIX and none of the 9586 patients who received aspirin had neutrophil counts of zero. One of the four PLAVIX patients in CAPRIE was receiving cytotoxic chemotherapy, and another recovered and returned to the trial after only temporarily interrupting treatment with PLAVIX (clopidogrel bisulfate). In CURE, the numbers of patients with thrombocytopenia (19 PLAVIX + aspirin vs. 24 placebo + aspirin) or neutropenia (3 vs. 3) were similar.

Although the risk of myelotoxicity with PLAVIX (clopidogrel bisulfate) thus appears to be quite low, this possibility should be considered when a patient receiving PLAVIX demonstrates fever or other sign of infection.

Gastrointestinal: Overall, the incidence of gastrointestinal events (e.g. abdominal pain, dyspepsia, gastritis and constipation) in patients receiving PLAVIX (clopidogrel bisulfate) was 27.1%, compared to 29.8% in those receiving aspirin in the CAPRIE trial. In the CURE trial, the incidence of these gastrointestinal events for patients receiving PLAVIX + aspirin was 11.7% compared to 12.5% for those receiving placebo + aspirin.

In the CAPRIE trial, the incidence of peptic, gastric or duodenal ulcers was 0.7% for PLAVIX and 1.2% for aspirin. In the CURE trial the incidence of peptic, gastric or duodenal ulcers was 0.4% for PLAVIX + aspirin and 0.3% for placebo + aspirin.

Cases of diarrhea were reported in the CAPRIE trial in 4.5% of patients in the PLAVIX + aspirin group compared to 3.4% in the aspirin group. However, these were rarely severe (PLAVIX+2.2% and aspirin=0.1%). In the CURE trial, the incidence of diarrhea for patients receiving PLAVIX + aspirin was 2.1% compared to 2.2% for those receiving placebo + aspirin.

In the CAPRIE trial, the incidence of patients withdrawing from treatment because of gastrointestinal adverse reactions was 3.2% for PLAVIX (clopidogrel bisulfate) and 4.0% for aspirin. In the CURE trial, the incidence of patients withdrawing from treatment because of gastrointestinal adverse reactions was 0.9% for PLAVIX + aspirin compared with 0.8% for placebo + aspirin.

Rash and Other Skin Disorders: In the CAPRIE trial, the incidence of skin and appendage disorders in patients receiving PLAVIX was 15.8% (0.7% serious); the corresponding rate in aspirin patients was 13.1% (0.5% serious). In the CURE trial the incidence of rash or other skin disorders in patients receiving PLAVIX + aspirin was 4.0% compared to 3.5% for those receiving placebo + aspirin.

In the CAPRIE trial, the overall incidence of patients withdrawing from treatment because of skin and appendage disorders adverse reactions was 1.3% for PLAVIX and 0.9% for aspirin. In the CURE trial, the incidence of patients withdrawing because of skin and appendage disorders adverse reactions was 0.7% for PLAVIX + aspirin compared with 0.3% for placebo + aspirin.

Adverse events occurring in ≥2.5% of patients on PLAVIX in the CAPRIE controlled clinical trial are shown below regardless of relationship to PLAVIX. The median duration of therapy was 20 months, with a maximum of 3 years.

Adverse Events Occurring in ≥2.5% of PLAVIX Patients in CAPRIE

Body System Event	PLAVIX (n=9599)	Aspirin (n=9586)
Body as a Whole-general disorders		
Chest Pain	8.3 (0.2)	8.3 (0.3)
Accidental/Inflicted Injury	7.9 (0.1)	7.3 (0.1)
Influenza-like symptoms	7.0 (<0.1)	7.0 (<0.1)
Fatigue	6.4 (0.1)	6.3 (0.1)
Fatigue	3.3 (0.1)	3.4 (0.1)
Cardiovascular disorders, general		
Edema	4.1 (<0.1)	4.5 (<0.1)
Hypertension	4.3 (<0.1)	5.1 (<0.1)
Central & peripheral nervous system disorders		
Headache	7.6 (0.3)	7.2 (0.2)
Dizziness	6.2 (0.2)	6.7 (0.3)
Gastrointestinal system disorders		
Abdominal pain	5.6 (0.7)	7.1 (1.0)
Dyspepsia	5.2 (0.6)	6.1 (0.7)
Diarrhea	4.5 (0.4)	3.4 (0.3)
Nausea	3.4 (0.5)	3.8 (0.4)
Metabolic & nutritional disorders		
Hypercholesterolemia	4.0 (0.1)	4.4 (<0.1)
Musculo-skeletal system disorders		
Arthralgia	6.3 (0.1)	6.2 (0.1)
Back Pain	5.8 (0.1)	5.3 (<0.1)
Platelet, Bleeding, & clotting disorders		
Purpura/bruise	5.3 (0.3)	3.7 (0.1)
Epileptics	2.9 (0.2)	2.5 (0.1)
Psychiatric disorders		
Depression	3.6 (0.1)	3.9 (0.2)
Respiratory system disorders		
Upper resp tract infection	8.7 (<0.1)	8.3 (<0.1)
Dyspnea	4.5 (0.1)	4.7 (0.1)
Rhinitis	4.2 (0.1)	4.2 (<0.1)
Bronchitis	3.7 (0.1)	3.7 (0)
Coughing	3.1 (<0.1)	2.7 (<0.1)

Adverse Events Occurring in ≥2.5% of PLAVIX Patients in CAPRIE (continued)

Body System Event	PLAVIX (n=9599)	Aspirin (n=9586)
Skin & appendage disorders		
Rash	4.2 (0.5)	3.5 (0.2)
Pruritus	3.3 (0.3)	1.6 (0.1)
Urinary system disorders		
Urinary tract infection	3.1 (0)	3.5 (0.1)

Incidence of discontinuation, regardless of relationship to therapy, is shown in parentheses.
 Adverse events occurring in ≥2.0% of patients on PLAVIX in the CURE controlled clinical trial are shown below regardless of relationship to PLAVIX.

Adverse Events Occurring in ≥2.0% of PLAVIX Patients in CURE

Body System Event	PLAVIX (+ aspirin)* (n=6259)	Placebo (+ aspirin)* (n=6303)
Body as a Whole-general disorders		
Chest Pain	2.7 (<0.1)	2.8 (0.0)
Central & peripheral nervous system disorders		
Headache	3.1 (0.1)	3.2 (0.1)
Dizziness	2.4 (0.1)	2.0 (<0.1)
Gastrointestinal system disorders		
Abdominal pain	2.3 (0.3)	2.8 (0.3)
Dyspepsia	2.0 (0.1)	1.9 (<0.1)
Diarrhea	2.1 (0.1)	2.2 (0.1)

*Other standard therapies were used as appropriate.

Other adverse experiences of potential importance occurring in 1% to 2.5% of patients receiving PLAVIX (clopidogrel bisulfate) in the CAPRIE or CURE controlled clinical trials are listed below regardless of relationship to PLAVIX. In general, the incidence of these events was similar to that in patients receiving aspirin (in CAPRIE) or placebo + aspirin (in CURE).

Autonomic Nervous System Disorders: Syncope, Palpitation. **Body as a Whole-general disorders:** Asthenia, Fever, Hemia. **Cardiovascular disorders:** Cardiac failure. **Central and peripheral nervous system disorders:** Cramps legs, Hypoaesthesia, Neuralgia, Paresthesia, Vertigo. **Gastrointestinal system disorders:** Constipation, Vomiting. **Heart rate and rhythm disorders:** Fibrillation atrial. **Liver and biliary system disorders:** Hepatic enzymes increased. **Metabolic and nutritional disorders:** Gout, hyperuricemia, non-protein nitrogen (NPN) increased. **Musculo-skeletal system disorders:** Arthritis, Arthrosis. **Platelet, bleeding & clotting disorders:** GI hemorrhage, hematomas, platelets decreased. **Psychiatric disorders:** Anxiety, Insomnia. **Red blood cell disorders:** Anemia. **Respiratory system disorders:** Pneumonia, Sinusitis. **Skin and appendage disorders:** Eczema, Skin ulceration. **Urinary system disorders:** Cystitis. **Vision disorders:** Cataract, Conjunctivitis.

Other potentially serious adverse events which may be of clinical interest but were rarely reported (<1%) in patients who received PLAVIX in the CAPRIE or CURE controlled clinical trials are listed below regardless of relationship to PLAVIX. In general, the incidence of these events was similar to that in patients receiving aspirin (in CAPRIE) or placebo + aspirin (in CURE).

Body as a whole: Allergic reaction, necrosis ischemic. **Cardiovascular disorders:** Edema generalized. **Gastrointestinal system disorders:** Gastric ulcer perforated, gastritis hemorrhagic, upper GI ulcer hemorrhage. **Liver and biliary system disorders:** Bilirubinemia, hepatitis infectious, liver fatty. **Platelet, bleeding and clotting disorders:** hemarthrosis, hematuria, hemoptysis, hemorrhage intracranial, hemorrhage retroperitoneal, hemorrhage of operative wound, ocular hemorrhage, pulmonary hemorrhage, purpura allergic, thrombocytopenia. **Red blood cell disorders:** Anemia aplastic, anemia pancytopenic. **Reproductive disorders, female:** Menorrhagia. **Respiratory system disorders:** Hemorrhax. **Skin and appendage disorders:** Bullous eruption, rash erythematous, rash maculopapular, urticaria. **Urinary system disorders:** Abnormal renal function, acute renal failure. **White cell and reticuloendothelial system disorders:** Agranulocytosis, granulocytopenia, leukemia, leukopenia, neutrophils decreased.

Postmarketing Experience

The following events have been reported spontaneously from worldwide postmarketing experience:

- **Body as a whole:**
 - hypersensitivity reactions, anaphylactoid reactions
- **Central and Peripheral Nervous System disorders:**
 - confusion, hallucinations, taste disorders
- **Hepato-biliary disorders:**
 - abnormal liver function test, hepatitis (non-infectious)
- **Platelet, Bleeding and Clotting disorders:**
 - cases of bleeding with fatal outcome (especially intracranial, gastrointestinal and retroperitoneal hemorrhage)
 - agranulocytosis, aplastic anemia/pancytopenia, thrombotic thrombocytopenic purpura (TTP) - some cases with fatal outcome - (see **WARNINGS**).
 - conjunctival, ocular and retinal bleeding
- **Respiratory, thoracic and mediastinal disorders:**
 - bronchospasm
- **Skin and subcutaneous tissue disorders:**
 - angioedema, erythema multiforme, Stevens-Johnson syndrome, lichen planus
- **Renal and urinary disorders:**
 - glomerulopathy, increased creatinine levels
- **Vascular disorders:**
 - vasculitis, hypotension
- **Gastrointestinal disorders:**
 - colitis (including ulcerative or lymphocytic colitis), pancreatitis
- **Musculo-skeletal, connective tissue and bone disorders:**
 - myalgia

OVERDOSAGE

Overdose following clopidogrel administration may lead to prolonged bleeding time and subsequent bleeding complications. Appropriate therapy should be considered if bleeding is observed. A single oral dose of clopidogrel at 1500 or 2000 mg/kg was lethal to mice and to rats and at 3000 mg/kg to baboons. Symptoms of acute toxicity were vomiting (in baboons), prostration, difficult breathing, and gastrointestinal hemorrhage in all species.

Recommendations About Specific Treatment:
 Based on biological plausibility, platelet transfusion may be appropriate to reverse the pharmacological effects of PLAVIX if quick reversal is required.

DOSE AND ADMINISTRATION

Recent MI, Recent Stroke, or Established Peripheral Arterial Disease
 The recommended daily dose of PLAVIX is 75 mg once daily.

Acute Coronary Syndrome
 For patients with acute coronary syndrome (unstable angina/non-Q-wave MI), PLAVIX should be initiated with a single 300 mg loading dose and then continued at 75 mg once daily. Aspirin (75 mg-325 mg once daily) should be initiated and continued in combination with PLAVIX. In CURE, most patients with Acute Coronary Syndrome also received heparin acutely (see **CLINICAL STUDIES**).

PLAVIX can be administered with or without food.
 No dosage adjustment is necessary for elderly patients or patients with renal disease. (See **Clinical Pharmacology: Special Populations**.)

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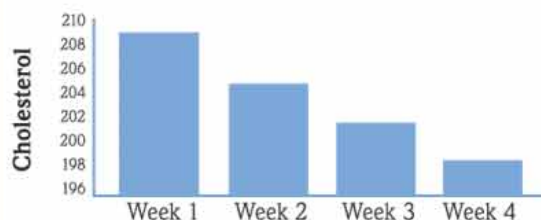
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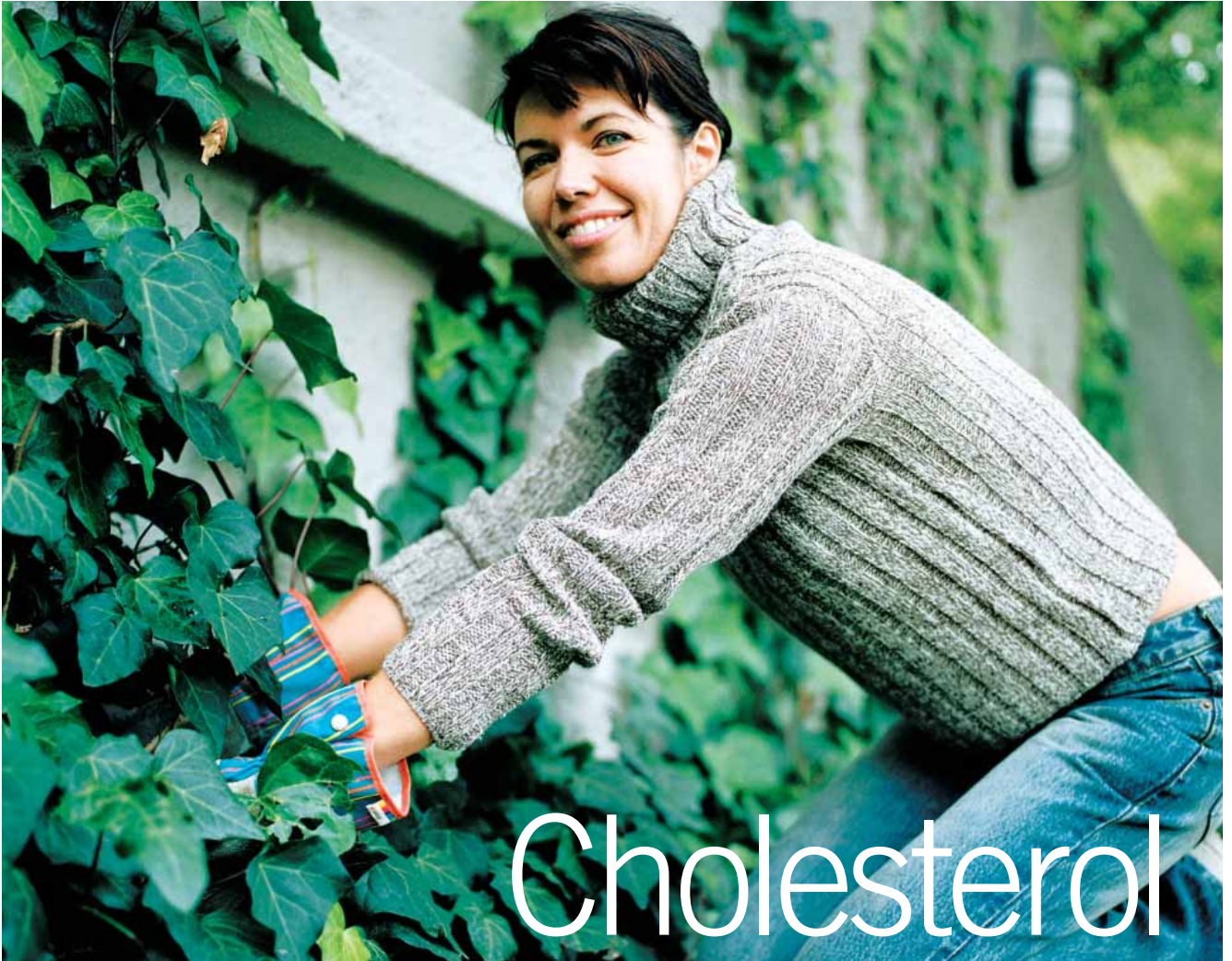
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Cholesterol

As a nurse, 52-year-old Deborah Gibson knows firsthand the dangers of high cholesterol. Yet she had managed to go years without being tested herself. When she finally did get checked about two years ago, her numbers weren't good: Her total cholesterol was 270, her LDL (bad) cholesterol was a dangerously high 177 and her HDL (good) cholesterol was too low at 42.

"It made me realize that I needed to start focusing more on my own health," says Deborah, who lives in Houston. "I had to get serious and accept that I'm no longer a youngster."

Today, doctors are more certain than they've ever

Do you know your numbers?
Why it matters and what
to do about it **by Andrea Atkins**

been that many of the nearly 500,000 women who die each year of heart-related disease might have been saved if they paid closer attention to their cholesterol levels. Last summer a national panel released a report, called the Adult Treatment Panel IV, that strengthened the link between cholesterol—particularly LDL—and heart attacks, saying, "LDL cholesterol is a major cause of coronary heart disease."

"If there's one thing I can say to women about cholesterol, it's know your numbers," says Robert Bonow, M.D.,
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CHOLESTEROL

Continued

a past president of the American Heart Association, and professor of cardiology at Northwestern University Medical School in Chicago. "Know your total cholesterol and your LDL and HDL, and don't wait until you're middle-aged and at high risk to do something about them, because then

It couldn't be any simpler," says Theodore Feldman, M.D., medical director of Wellness Prevention and Cardiac Rehabilitation at the South Miami Heart Center. "The lower your LDL, the less your chances of having a heart attack."

"For women, a low HDL is a very important risk factor, even more important than having a high LDL,"

ing a heart attack, stroke or other heart problems: family history of heart disease, cigarette smoking, diabetes, obesity and blood pressure. That's why your best friend's doctor may be urging her to lower her LDL to 70, while your doctor says yours is OK at 100. The higher your risk for heart attack based on these indicators, the lower your LDL cholesterol should be.

Another condition the panel recommends considering is the metabolic syndrome, which is a cluster of risk factors for heart disease. If you have three or more of these characteristics, then your risk for heart disease goes up significantly:

- A waist circumference larger than 35 inches in women
- High triglycerides: another type of fat in your blood, which seems to be stimulated by sugar consumption
- Lower than normal HDL
- High blood pressure
- Insulin resistance: Also called pre-diabetes, this occurs when your body is not as efficient at metabolizing sugar as it should be.

Having a low HDL cholesterol level is a much more important risk factor for women than it is for men.

you end up with decades of untreated risk factors and it may be too late."

What the Numbers Mean

If it seems like the recommendations for acceptable cholesterol have been getting lower and lower, that's because they have. You may feel you no longer know what goal you're trying to achieve. "Lower is better.

adds Dr. Bonow. "An HDL above 50 has important protective effects."

Doctors also stress that cholesterol is but one factor in a number of traits evaluated when assessing your risk of heart attack. Last summer's report gives optimal numbers (see "Cholesterol by the Numbers," page 49) but also acknowledges that several other risk factors should be assessed in determining your relative risk for hav-

“All of these things together put you at a much greater risk,” says Jo Ann S. Carson, Ph.D., R.D., professor of clinical nutrition at the University of Texas Southwestern Medical Center in Dallas. “As we age, cholesterol tends to go up and you tend to get less active. These problems get harder and harder to fix.”

What You Can Do

Just as home buyers are advised to think about location, location, location, the best defense against high cholesterol is “lifestyle, lifestyle, lifestyle,” says Barbara H. Roberts, M.D., director of the Women’s Cardiac Center at the Miriam Hospital in Providence, Rhode Island.

Glenice Sousa of Barrington, Rhode Island, was shocked last fall to learn that her cholesterol had jumped to 249 from 211 just the year before. Her triglycerides had gone from 276 to 357. And because her triglycerides were so high, the doctor said, the lab

was unable to calculate her LDL.

In January, Glenice went to see nutritionist Mary Flynn, Ph.D., R.D., at the Miriam Hospital to get some instruction about changing her lifestyle. With Dr. Flynn’s guidance, Glenice began to exercise, eat less meat and more vegetables, and incorporate olive oil into her diet. She took her total cholesterol down to 226, while her triglycerides have gone to 172. Her LDL is at 146, and her HDL has moved in the right direction, from 47 to 55.

Glenice is proof that, for some people, changing what you eat can change your cholesterol levels. Adding olive oil, omega-3 fatty acids (found in salmon and some nuts), large amounts of fiber and other heart-healthy foods is important, says Dr. Carson. “But if you’re also eating burgers and French fries, your cholesterol is not going to change.”

You should also emphasize carbohydrates such as whole-grain bread,

Cholesterol by the Numbers

You should have your cholesterol checked at least every five years, but your physician may recommend being tested more frequently if you have other risk factors for heart disease, such as family history.

TOTAL	
Under 200	Desirable
200–239	Borderline high
240 and above	High
LDL	
Under 100	Optimal
100–129	Near optimal/Above optimal
130–159	Borderline high
160–189	High
190 and above	VERY HIGH
HDL	
Under 40	Low
60	High (Optimal)
TRIGLYCERIDES	
Under 150	Normal
150 and above	High

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CHOLESTEROL

Continued

fruits and vegetables. And trans-fatty acids, found in most cookies, cakes and other commercial baked goods, should be avoided at all costs.

The other part of the lifestyle picture is exercise. Physical activity has been shown to raise HDL levels, says William Kraus, M.D., a Duke University cardiologist. Although exercise will not lower your LDL cholesterol, it will promote weight loss, and a 10 percent reduction in your body weight simultaneously lowers cholesterol. For those who have the metabolic syndrome, Dr. Kraus highly recommends physical activity. "For this, exercise is superior to any medicine out there," he says.

The good news is that you don't have to become an Olympic athlete. A 2002 study conducted by Dr. Kraus found it's not the intensity of the exercise but the duration that really counts for many health parameters, including cholesterol. In other words, walking for 40 minutes rather than running for 20 is better for lowering cholesterol.

Still, lifestyle changes are often dif-

Seasonal Difference?

The time of year you get your cholesterol checked may make a difference in your results. A recent study by Ira S. Ockene, M.D., at the University of Massachusetts Medical School showed that cholesterol levels tend to be higher in the winter than in the summer by an average of 10 points. He says this could be due to our tendency to "squirrel" in the winter—to eat heavier foods, be less active and gain weight—or it could be because our blood is somewhat more concentrated in the winter. While he doesn't believe we should limit our cholesterol tests to summer, he does believe that the test may be worth repeating before any decisions are made about medication.

How Low Is Too Low?

Some doctors are concerned that lowering cholesterol too much can be dangerous.

"It's true that lowering cholesterol can benefit the heart. But cholesterol is critically important for every cell in the body, and lowering it too much may damage some other organ system," says Beatrice Golomb, M.D., Ph.D., a cholesterol researcher at the University of California, San Diego.

Dr. Golomb and other researchers are especially concerned about the brain, which is less than 4 percent of the body's weight but contains 25 percent of its cholesterol. "Brain cells require cholesterol to communicate with each other," Dr. Golomb says. This may explain why studies at the University of Pittsburgh and elsewhere have shown that people who take cholesterol-lowering pills have poorer memories and slower motor reflexes, and why men in earlier cholesterol-lowering studies had fewer heart attacks but more fatal car accidents.

If you are not at high cardiovascular risk, Dr. Golomb says, you should look at the big picture. Lifestyle changes—exercising regularly, reducing stress, not smoking and eating nutritiously—are a key defense against death from many chronic diseases.

Sue Ellin Browder

ficult for people to sustain. Even for those who do, cholesterol sometimes remains too high. About 20 to 25 percent of the population cannot lower their cholesterol through diet and exercise alone, says Ronald Krauss, M.D., a spokesperson for the American Heart Association, and a senior scientist at Children's Hospital Oakland Research Institute in California. "Genetics likely plays a big part in this," Dr. Krauss says.

When lifestyle changes aren't enough to lower cholesterol, doctors recommend a class of medications known as statins. Many women fear going on a lifetime regimen of drugs, particularly in an era dotted with stories of dangers from drugs that were previously considered safe. But cardiologists have great confidence in the safety of statins, says Peter Jones, M.D., associate professor for cardiovascular disease prevention at Baylor College of Medicine in Houston. "Your risk in the next five years of having a cardiac event could be one in 50, while your risk of having a serious adverse event from the medication is about one in 100,000," he says.

Deborah Gibson, the Houston nurse who was alarmed about her high numbers, was advised by her doctor to take a statin drug. Within six weeks, her total cholesterol had dropped to 177, her LDL was a very healthy 77, while her HDL had risen to 50. Her triglycerides had also dropped to 150 from 180.

"I figure I'll be on this medication for the rest of my life," says Deborah. "Those numbers were high, and it's made me more aggressive in my own health care."

But just because you go on medication doesn't mean you're absolved from lifestyle changes. Dr. Roberts says she's seen patients have an initial cholesterol drop with the drug, then resume old habits only to see the cholesterol creep back up.

Dr. Jones agrees: "I tell my patients, 'You've got a role in this too.' They would like the medication to make it all go away, and they want to smoke, eat and drink too."

Like anything else, managing your cholesterol takes some work and some vigilance. But in the long run, such management pays off—in the form of years left on earth. **WD**

When it comes to bad cholesterol— Ask your doctor if lower is better.

Getting high cholesterol down is important.

Doctors know lowering high cholesterol is important for everyone. But for some people, it's even more important. In fact, a panel of medical experts recently proposed updated guidelines suggesting many patients aim for an even lower cholesterol goal than before.*

Working with your doctor is key to helping you reach your cholesterol goal.

If, after all you've tried—including diet and exercise—your doctor believes you need to get your bad cholesterol even lower, ask whether CRESTOR might help.

Aim lower.

CRESTOR may make the difference you need. In fact, the 10-mg dose of CRESTOR, along with diet, can lower bad cholesterol by as much as 52% (vs 7% with placebo). That means your LDL-C—the bad cholesterol—could go down about half. Your results may vary.

Is CRESTOR right for you?

That's another conversation you need to have with your doctor. Your doctor will decide the best course of treatment for you after assessing your particular needs.

Get more information about CRESTOR.

To learn more about CRESTOR, or if you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help. Call 800-CRESTOR or visit CRESTOR.com.

Here is important safety information about CRESTOR you need to know.

CRESTOR is prescribed along with diet for lowering high cholesterol and has not been determined to prevent heart disease, heart attacks, or strokes. CRESTOR is not right for everyone, including women who are nursing, pregnant, or who may become pregnant, or anyone with liver problems. Your doctor will do blood tests before and during treatment with CRESTOR to monitor your liver function. Unexplained muscle pain and weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. The 40-mg dose of CRESTOR is only for patients who do not reach goal on 20 mg. Be sure to tell your doctor if you are taking any medications. Side effects occur infrequently and include muscle aches, constipation, weakness, abdominal pain, and nausea. They are usually mild and tend to go away.

If your doctor says,
"lower is better," aim lower with CRESTOR.



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*Adult Treatment Panel (ATP) III, Update, 2004

Please read the important Product Information about CRESTOR on the adjacent page and discuss it with your doctor.

AstraZeneca 

Please read this summary carefully and then ask your doctor about CRESTOR. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

BRIEF SUMMARY: For full Prescribing Information, see package insert. **INDICATIONS AND USAGE:** CRESTOR is indicated: 1. as an adjunct to diet to reduce elevated total-C, LDL-C, ApoB, non-HDL-C, and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia (Fredrickson Type IIa and IIb); 2. as an adjunct to diet for the treatment of patients with elevated serum TG levels (Fredrickson Type IV); 3. to reduce LDL-C, total-C, and ApoB in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. **CONTRAINDICATIONS:** CRESTOR is contraindicated in patients with a known hypersensitivity to any component of this product. Rosuvastatin is contraindicated in patients with active liver disease or with unexplained persistent elevations of serum transaminases (see WARNINGS, Liver Enzymes). **Pregnancy and Lactation:** Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. ROSUVASTATIN SHOULD BE ADMINISTERED TO WOMEN OF CHILDBEARING AGE ONLY WHEN SUCH PATIENTS ARE HIGHLY UNLIKELY TO CONCEIVE AND HAVE BEEN INFORMED OF THE POTENTIAL HAZARDS. If the patient becomes pregnant while taking this drug, therapy should be discontinued immediately and the patient apprised of the potential hazard to the fetus. **WARNINGS:** Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. The incidence of persistent elevations (>3 times the upper limit of normal [ULN]) occurring on 2 or more consecutive occasions) in serum transaminases in fixed dose studies was 0.4, 0, 0, and 0.1% in patients who received rosuvastatin 5, 10, 20, and 40 mg, respectively. In most cases, the elevations were transient and resolved or improved on continued therapy or after a brief interruption in therapy. There were two cases of jaundice, for which a relationship to rosuvastatin therapy could not be determined, which resolved after discontinuation of therapy. There were no cases of liver failure or irreversible liver disease in these trials. It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter. Liver enzyme changes generally occur in the first 3 months of treatment with rosuvastatin. Patients who develop increased transaminase levels should be monitored until the abnormalities have resolved. Should an increase in ALT or AST of >3 times ULN persist, reduction of dose or withdrawal of rosuvastatin is recommended. Rosuvastatin should be used with caution in patients who consume substantial quantities of alcohol and/or have a history of liver disease (see CLINICAL PHARMACOLOGY, Special Populations, Hepatic Insufficiency). Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of rosuvastatin (see CONTRAINDICATIONS). **Myopathy/Rhabdomyolysis:** Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class. Uncomplicated myalgia has been reported in rosuvastatin-treated patients (see ADVERSE REACTIONS). Creatine kinase (CK) elevations >10 times upper limit of normal) occurred in 0.2% to 0.4% of patients taking rosuvastatin at doses up to 40 mg in clinical studies. Treatment-related myopathy, defined as muscle aches or muscle weakness in conjunction with increases in CK values >10 times upper limit of normal, was reported in up to 0.1% of patients taking rosuvastatin doses of up to 40 mg in clinical studies. In clinical trials, the incidence of myopathy and rhabdomyolysis increased at doses of rosuvastatin above the recommended dosage range (5 to 40 mg). In post-marketing experience, effects on skeletal muscle, e.g. uncomplicated myalgia, myopathy and, rarely, rhabdomyolysis have been reported in patients treated with HMG-CoA reductase inhibitors including rosuvastatin. As with other HMG-CoA reductase inhibitors, reports of rhabdomyolysis with rosuvastatin are rare, but higher at the highest marketed dose (40 mg). Factors that may predispose patients to myopathy with HMG-CoA reductase inhibitors include advanced age (>65 years), hypothyroidism, and renal insufficiency. Consequently, 1. Rosuvastatin should be prescribed with caution in patients with predisposing factors for myopathy, such as renal impairment (see DOSAGE AND ADMINISTRATION), advanced age, and inadequately treated hypothyroidism. 2. Patients should be advised to promptly report unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. Rosuvastatin therapy should be discontinued if markedly elevated CK levels occur or myopathy is diagnosed or suspected. 3. The 40 mg dose of rosuvastatin is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of rosuvastatin once daily (see DOSAGE AND ADMINISTRATION). 4. The risk of myopathy during treatment with rosuvastatin may be increased with concurrent administration of other lipid-lowering therapies or cyclosporine, (see CLINICAL PHARMACOLOGY, Drug Interactions, PRECAUTIONS, Drug Interactions, and DOSAGE AND ADMINISTRATION). The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks in this combination. Combination therapy with rosuvastatin and gemfibrozil should generally be avoided. (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions). 5. The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General). 6. Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis, hypotension, dehydration, major surgery, trauma, severe metabolic, endocrine, and electrolyte disorders, or uncontrolled seizures). **PRECAUTIONS:** General: Before instituting therapy with rosuvastatin, an attempt should be made to control hypercholesterolemia with appropriate diet and exercise, weight reduction in obese patients, and treatment of underlying medical problems (see INDICATIONS AND USAGE). Administration of rosuvastatin 20 mg to patients with severe renal impairment ($Cl_{cr} < 30$ mL/min/1.73 m²) resulted in a 3-fold increase in plasma concentrations of rosuvastatin compared with healthy volunteers (see WARNINGS, Myopathy/Rhabdomyolysis and DOSAGE AND ADMINISTRATION). The result of a large pharmacokinetic study conducted in the US demonstrated an approximate 2-fold elevation in median exposure in Asian subjects (having either Filipino, Chinese, Japanese, Korean, Vietnamese or Asian-Indian origin) compared with a Caucasian control group. This increase should be considered when making rosuvastatin dosing decisions for Asian patients. (See WARNINGS, Myopathy/Rhabdomyolysis; CLINICAL PHARMACOLOGY, Special Populations, Race, and DOSAGE AND ADMINISTRATION.) **Information for Patients:** Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. When taking rosuvastatin with an aluminum and magnesium hydroxide combination antacid, the antacid should be taken at least 2 hours after rosuvastatin administration (see CLINICAL PHARMACOLOGY, Drug Interactions). **Laboratory Tests:** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (i.e., 80 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. Although the clinical significance of this finding is unknown, a dose reduction should be considered for patients on rosuvastatin 40 mg therapy with unexplained persistent proteinuria during routine urinalysis testing. **Drug Interactions:** Cyclosporine: When rosuvastatin 10 mg was coadministered with cyclosporine in cardiac transplant patients, rosuvastatin mean C_{max} and mean AUC were increased 11-fold and 7-fold, respectively, compared with healthy volunteers. These increases are considered to be clinically significant and require special consideration in the dosing of rosuvastatin to patients taking

concomitant cyclosporine (see WARNINGS, Myopathy/Rhabdomyolysis, and DOSAGE AND ADMINISTRATION). **Warfarin:** Coadministration of rosuvastatin to patients on stable warfarin therapy resulted in clinically significant rises in INR (>4, baseline 2-3). In patients taking coumatin anticoagulants and rosuvastatin concomitantly, INR should be determined before starting rosuvastatin and frequently enough during early therapy to ensure that no significant alteration of INR occurs. Once a stable INR time has been documented, INR can be monitored at the intervals usually recommended for patients on coumatin anticoagulants. If the dose of rosuvastatin is changed, the same procedure should be repeated. Rosuvastatin therapy has not been associated with bleeding or with changes in INR in patients not taking anticoagulants. **Gemfibrozil:** Coadministration of a single rosuvastatin dose to healthy volunteers on gemfibrozil (600 mg twice daily) resulted in a 2.2- and 1.9-fold, respectively, increase in mean C_{max} and mean AUC of rosuvastatin (see DOSAGE AND ADMINISTRATION). **Endocrine Function:** Although clinical studies have shown that rosuvastatin alone does not reduce basal plasma cortisol concentration or impair adrenal reserve, caution should be exercised if any HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered concomitantly with drugs that may decrease the levels or activity of endogenous steroid hormones such as ketoconazole, spiroclonone, and cimetidine. **CNS Toxicity:** CNS vascular lesions, characterized by perivascular hemorrhages, edema, and mononuclear cell infiltration of perivascular spaces, have been observed in dogs treated with several other members of this drug class. A chemically similar drug in this class produced dose-dependent optic nerve degeneration (Wallner degeneration of retinogeniculate fibers) in dogs, at a dose that produced plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose. Edema, hemorrhage, and partial necrosis in the interstitium of the choroid plexus was observed in a female dog sacrificed moribund at day 24 at 90 mg/kg/day by oral gavage (systemic exposures 100 times the human exposure at 40 mg/day based on AUC comparisons). Corneal opacity was seen in dogs treated for 52 weeks at 6 mg/kg/day by oral gavage (systemic exposures 20 times the human exposure at 40 mg/day based on AUC comparisons). Cataracts were seen in dogs treated for 12 weeks at oral gavage at 30 mg/kg/day (systemic exposures 60 times the human exposure at 40 mg/day based on AUC comparisons). Retinal dysplasia and retinal loss were seen in dogs treated for 4 weeks by oral gavage at 90 mg/kg/day (systemic exposures 100 times the human exposure at 40 mg/day based on AUC). Doses <30 mg/kg/day (systemic exposures <30 times the human exposure at 40 mg/day based on AUC comparisons) following treatment up to one year, did not reveal retinal findings. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a 104-week carcinogenicity study in rats at dose levels of 2, 20, 60, or 80 mg/kg/day by oral gavage, the incidence of uterine stromal polyps was significantly increased in females at 80 mg/kg/day at



systemic exposure 20 times the human exposure at 40 mg/day based on AUC. Increased incidence of polyps was not seen at lower doses. In a 107-week carcinogenicity study in mice given 10, 60, 200 mg/kg/day by oral gavage, an increased incidence of hepatocellular adenoma/carcinoma was observed at 200 mg/kg/day at systemic exposures 20 times human exposure at 40 mg/day based on AUC. An increased incidence of hepatocellular tumors was not seen at lower doses. Rosuvastatin was not mutagenic or clastogenic with or without metabolic activation in the Ames test with *Salmonella typhimurium* and *Escherichia coli*, the mouse lymphoma assay, and the chromosomal aberration assay in Chinese hamster lung cells. Rosuvastatin was negative in the *in vivo* mouse micronucleus test. In rat fertility studies with oral gavage doses of 5, 15, 50 mg/kg/day, males were treated for 9 weeks prior to and throughout mating and females were treated 2 weeks prior to mating and throughout mating until gestation day 7. No adverse effect on fertility was observed at 50 mg/kg/day (systemic exposures up to 10 times human exposure at 40 mg/day based on AUC comparisons). In testicles of dogs treated with rosuvastatin at 30 mg/kg/day for one month, spermatid giant cells were seen. Spermatid giant cells were observed in monkeys after 6-month treatment at 30 mg/kg/day in addition to vacuolation of seminiferous tubular epithelium. Exposures in the dog were 20 times and in the monkey 10 times human exposure at 40 mg/day based on body surface area comparisons. Similar findings have been seen with other drugs in this class. **Pregnancy:** **Pregnancy Category X** See CONTRAINDICATIONS. Rosuvastatin may cause fetal harm when administered to a pregnant woman. Rosuvastatin is contraindicated in women who are or may become pregnant. Safety in pregnant women has not been established. There are no adequate and well-controlled studies of rosuvastatin in pregnant women. Rosuvastatin crosses the placenta and is found in fetal tissue and amniotic fluid at 3% and 20%, respectively, of the maternal plasma concentration following a single 25 mg/kg oral gavage dose on gestation day 16 in rats. A higher fetal tissue distribution (25% maternal plasma concentration) was observed in rabbits after a single oral gavage dose of 1 mg/kg on gestation day 18. If this drug is administered to a woman with reproductive potential, the patient should be apprised of the potential hazard to the fetus. In female rats given oral gavage doses of 5, 15, 50 mg/kg/day rosuvastatin before mating and continuing through day 7 postcoitus results in decreased fetal body weight (female pups) and delayed ossification at the high dose (systemic exposures 10 times human exposure at 40 mg/kg/day based on AUC comparisons). In pregnant rats given oral gavage doses of 2, 20, 50 mg/kg/day from gestation day 7 through lactation day 21 (weaning), decreased pup survival occurred in groups given 50 mg/kg/day, systemic exposures $\times 12$ times human exposure at 40 mg/kg/day based on body surface area comparisons. In pregnant rabbits given oral gavage doses of 0.3, 1, 3 mg/kg/day from gestation day 6 to lactation day 18 (weaning), exposures equivalent to human exposure at 40 mg/day based on body surface area comparisons, decreased fetal viability and maternal mortality was observed. Rosuvastatin was not teratogenic in rats at ≤ 25 mg/kg/day or in rabbits ≤ 3 mg/kg/day (systemic exposures equivalent to human exposure at 40 mg/day based on AUC or body surface comparison, respectively). **Nursing Mothers:** It is not known whether rosuvastatin is excreted in human milk. Studies in lactating rats have demonstrated that rosuvastatin is secreted into breast milk at levels 3 times higher than that obtained in the plasma following oral gavage dosing. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from rosuvastatin, a decision should be made whether to discontinue nursing or administration of rosuvastatin taking into account the importance of the drug to the lactating woman. **Pediatric Use:** The safety and effectiveness in pediatric patients have not been established. Treatment experience with rosuvastatin in a pediatric population is limited to 8 patients with homozygous FH. None of these patients was below 8 years of age. **Geriatric Use:** Of the 10,275 patients in clinical studies with rosuvastatin, 3, 151 (31%) were 65 years and older, and 698 (6.8%) were 75 years and older. The overall frequency of adverse events and types of adverse events were similar in patients above and below 65 years of age. (See WARNINGS, Myopathy/Rhabdomyolysis.) The efficacy of rosuvastatin in the geriatric population (≥ 65 years of age) was comparable to the efficacy observed in the non-elderly. **ADVERSE REACTIONS:** Rosuvastatin is generally well tolerated. Adverse reactions have usually been mild and transient. In clinical studies of 10,275 patients, 3.7% were discontinued due to adverse experiences attributable to rosuvastatin. The most frequent adverse events thought to be related to rosuvastatin were myalgia, constipation, asthenia, abdominal pain, and nausea. **Clinical**

Adverse Experiences: Adverse experiences, regardless of causality assessment, reported in $\geq 2\%$ of patients in placebo-controlled clinical studies of rosuvastatin are shown in Table 1; discontinuations due to adverse events in these studies of up to 12 weeks duration occurred in 3% of patients on rosuvastatin and 5% on placebo.

Table 1. Adverse Events in Placebo-Controlled Studies

Adverse event	Rosuvastatin N=744	Placebo N=382
Pharyngitis	9.0	7.6
Headache	5.5	5.0
Diarrhea	3.4	2.9
Dyspepsia	3.4	3.1
Nausea	3.4	3.1
Myalgia	2.8	1.3
Asthenia	2.7	2.6
Back pain	2.6	2.4
Flu syndrome	2.3	1.8
Urinary tract infection	2.3	1.6
Rhinitis	2.2	2.1
Sinusitis	2.0	1.8

In addition, the following adverse events were reported, regardless of causality assessment, in $\geq 1\%$ of 10,275 patients treated with rosuvastatin in clinical studies. The events in *italics* occurred in $\geq 2\%$ of these patients. **Body as a Whole:** Abdominal pain, accidental injury, chest pain, infection, pain, pelvic pain, and neck pain. **Cardiovascular System:** Hypertension, angina pectoris, vasodilation, and palpitation. **Digestive System:** Constipation, gastroenteritis, vomiting, flatulence, periodontal abscess, and gastritis. **Endocrine:** Diabetes mellitus. **Hemic and Lymphatic System:** Anemia and echymosis. **Metabolic and Nutritional Disorders:** Peripheral edema. **Musculoskeletal System:** Arthritis, arthralgia, and pathological fracture. **Nervous System:** Dizziness, insomnia, hypertension, paresthesia, depression, anxiety, vertigo, and neuralgia. **Respiratory System:** Bronchitis, cough, increased dyspnea, pneumonia, and asthma. **Skin and Appendages:** Rash and pruritus. **Laboratory Abnormalities:** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (i.e., 80 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. (See PRECAUTIONS, Laboratory Tests.) Other abnormal laboratory values reported were elevated creatinine phosphokinase, transaminases, hyperglycemia, glutaryl transpeptidase, alkaline phosphatase, bilirubin, and thyroid function abnormalities. Other adverse events reported less frequently than 1% in the rosuvastatin clinical study program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reactions (i.e., face edema, thrombocytopenia, leukopenia, vesiculobullous rash, urticaria, and angioedema), kidney failure, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy, and rhabdomyolysis. **Postmarketing Experience:** In addition to the events reported above, as with other drugs in this class, the following event has been reported during post-marketing experience with CRESTOR, regardless of causality assessment: very rare cases of jaundice. **OVERDOSAGE:** There is no specific treatment in the event of overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin. **DOSAGE AND ADMINISTRATION:** The patient should be placed on a standard cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during treatment. CRESTOR can be administered as a single dose at any time of day, with or without food.

Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredrickson Type IIa and IIb): The dose range for CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be individualized according to goal of therapy and response. The usual recommended starting dose of CRESTOR is 10 mg once daily. However, initiation of therapy with 5 mg once daily should be considered for patients requiring less aggressive LDL-C reductions, who have predisposing factors for myopathy, and as noted below for special populations such as patients taking cyclosporine. Asian patients, and patients with severe renal insufficiency (see CLINICAL PHARMACOLOGY, Race, and Renal Insufficiency, and Drug Interactions). For patients with marked hypercholesterolemia (LDL-C >190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. After initiation and/or upon titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and dosage adjusted accordingly. The 40-mg dose of CRESTOR is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of CRESTOR once daily (see WARNINGS, Myopathy/Rhabdomyolysis). When initiating statin therapy or switching from another statin therapy, the appropriate CRESTOR starting dose should first be utilized, and only then titrated according to the patient's individualized goal of therapy. **Homozygous Familial Hypercholesterolemia:** The recommended starting dose of CRESTOR is 20 mg once daily in patients with homozygous FH. The maximum recommended daily dose is 40 mg. CRESTOR should be used in these patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be estimated from pre-apheresis LDL-C levels. **Dosage in Asian Patients:** Initiation of CRESTOR therapy with 5 mg once daily should be considered for Asian patients. The potential for increased systemic exposures relative to Caucasians is relevant when considering escalation of dose in cases where hypercholesterolemia is not adequately controlled at doses of 5, 10, or 20 mg once daily. (See WARNINGS, Myopathy/Rhabdomyolysis, CLINICAL PHARMACOLOGY, Special Populations, Race, and PRECAUTIONS, General). **Dosage in Patients Taking Cyclosporine:** In patients taking cyclosporine, therapy should be limited to CRESTOR 5 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Concomitant Lipid-Lowering Therapy:** The effect of CRESTOR on LDL-C and total-C may be enhanced when used in combination with a bile acid binding resin. If CRESTOR is used in combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Dosage in Patients With Renal Insufficiency:** No modification of dosage is necessary for patients with mild to moderate renal insufficiency. For patients with severe renal impairment ($Cl_{cr} < 30$ mL/min/1.73 m²) not on hemodialysis, dosing of CRESTOR should be started at 5 mg once daily and not to exceed 10 mg once daily (see PRECAUTIONS, General, and CLINICAL PHARMACOLOGY, Special Populations, Renal Insufficiency).

NOTE: This summary provides important information about CRESTOR. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

Rx only
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Manufactured by: AstraZeneca Pharmaceuticals LP
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Lose Your Belly

A 15-minute routine that firms and flattens by Donna Raskin

A PREGNANCY (OR TWO). An apple-shaped body type. Or even just good old middle-age spread. Whatever the reason, you probably think you've got a better chance of winning the lottery than ever being able to comfortably bare your midriff. But the secret to strong, flat abs is easier than you might think. Start doing these four moves, developed by Connecticut-based triathlete and personal trainer Tom Holland, and in a few weeks you'll not only see a difference, you'll feel it in the way your pants and skirts fit.

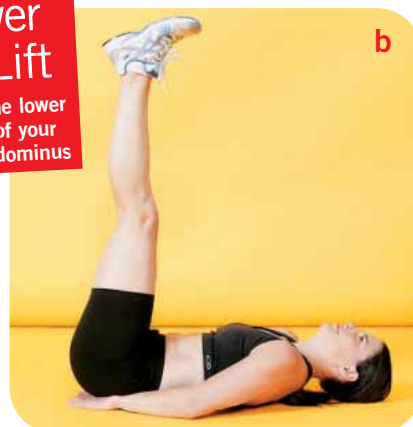


The Plan

- Do the exercises every other day so you have a day of rest in between workouts.
- Warm up first by walking up and down stairs for 5 minutes.
- Don't worry if you can only do a few repetitions of each move when you're starting out. You'll see and feel results even with just a few reps.
- Gradually work your way up to doing 2 sets of each move, which will take approximately 15 minutes.
- To burn off extra fat that sits around your middle, you'll also need to eat healthy and do regular cardiovascular exercise.



Lower Ab Lift
Targets the lower section of your rectus abdominus



1. Lie on the floor with your hands underneath your butt, shoulders relaxed, lower back touching the floor. **2.** Bring your legs up, keeping your back in contact with the floor (a). **3.** Lift your feet and legs toward the ceiling, trying to lift your butt an inch or so away from your hands without swinging or moving your upper body (b). Hold for 1 second. **4.** Come down. Repeat up to 25 times.



Single Oblique Leg Pulses
Targets the back and the obliques, the upper abdominal muscles that wrap around your sides



1. Lie on the floor with your knees bent and your arms by your sides. **2.** Lift your torso, with your shoulders and hips in a straight line. Extend your right leg (a). **3.** Kick your toe up toward the ceiling (b). Hold for 1 second, then lower your leg. **4.** Repeat with your left leg. **5.** Repeat up to 25 times on each leg. Don't drop your hips between repetitions.

Please turn to page 60



**Is your child's asthma really under control,
or do you just think it is?**

If your child has to use a fast-acting inhaler for asthma symptoms more than twice a week, it's a sign his asthma may not be under control. It's time to talk to your child's doctor about adding SINGULAIR. It helps prevent asthma symptoms before they start, so your child may not need fast-acting medicines as much. And that means more control over his asthma. SINGULAIR is the only asthma medicine available in **chewable cherry-flavored tablets** for kids 2 to 14 years, as well as oral granules you mix in certain foods for children 12 months to 5 years. What's more, SINGULAIR is steroid free and is also approved to treat a broad range of seasonal allergy symptoms.

Ask your child's doctor about adding SINGULAIR.  **Call 1-888-MERCK-56 or visit us at singulair.com.**

IMPORTANT INFORMATION: SINGULAIR will NOT replace fast-acting medicines for sudden symptoms. Your child should continue to take other asthma medicines as prescribed and have fast-acting medication available. If your child's doctor has prescribed medicine to use before exercise, your child should keep taking it unless his or her doctor tells you not to. If asthma symptoms get worse or your child needs to increase the use of fast-acting medicines, call the doctor at once. Side effects are generally mild and vary by age, and may include headache, ear infection, sore throat, and upper respiratory infection.

Please see the Patient Product Information on the adjacent page and discuss it with your doctor.

ONCE-A-DAY
SINGULAIR[®]
(MONTELUKAST SODIUM)



This product is available through the Merck Patient Assistance Program. To find out if you qualify call 1-888-MERCK-56. SINGULAIR is a registered trademark of Merck & Co., Inc. ©2005 Merck & Co., Inc. All rights reserved. 20550828(1)(217)-SNG-C0N

Patient Information
SINGULAIR® (SING-u-lair) Tablets, Chewable Tablets, and Oral Granules
Generic name: montelukast (mon-te-LOO-kast) sodium

9094217

Read this information before you start taking SINGULAIR®. Also, read the leaflet you get each time you refill SINGULAIR, since there may be new information in the leaflet since the last time you saw it. This leaflet does not take the place of talking with your doctor about your medical condition and/or your treatment.

What is SINGULAIR*?

- SINGULAIR is a medicine called a leukotriene receptor antagonist. It works by blocking substances in the body called leukotrienes. Blocking leukotrienes improves asthma and seasonal allergic rhinitis (also known as hay fever). SINGULAIR is not a steroid.

SINGULAIR is prescribed for the treatment of asthma and seasonal allergic rhinitis:

1. Asthma.

SINGULAIR should be used for the long-term management of asthma in adults and children ages 12 months and older.

Do not take SINGULAIR for the immediate relief of an asthma attack. If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks. (See the end of this leaflet for more information about asthma.)

2. Seasonal Allergic Rhinitis.

SINGULAIR is used to help control the symptoms of seasonal allergic rhinitis (sneezing, stuffy nose, runny nose, itching of the nose) in adults and children ages 2 years and older. (See the end of this leaflet for more information about seasonal allergic rhinitis.)

Who should not take SINGULAIR?

Do not take SINGULAIR if you are allergic to SINGULAIR or any of its ingredients.

The active ingredient in SINGULAIR is montelukast sodium.

See the end of this leaflet for a list of all the ingredients in SINGULAIR.

What should I tell my doctor before I start taking SINGULAIR?

Tell your doctor about:

- **Pregnancy:** If you are pregnant or plan to become pregnant, SINGULAIR may not be right for you.
- **Breast-feeding:** If you are breast-feeding, SINGULAIR may be passed in your milk to your baby. You should consult your doctor before taking SINGULAIR if you are breast-feeding or intend to breast-feed.
- **Medical Problems or Allergies:** Talk about any medical problems or allergies you have now or had in the past.
- **Other Medicines:** Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, and herbal supplements. Some medicines may affect how SINGULAIR works, or SINGULAIR may affect how your other medicines work.

How should I take SINGULAIR?

For adults and children 12 months of age and older with asthma:

- Take SINGULAIR **once a day in the evening**.
- Take SINGULAIR every day for as long as your doctor prescribes it, even if you have no asthma symptoms.
- You may take SINGULAIR with food or without food.
- If your asthma symptoms get worse, or if you need to increase the use of your inhaled rescue medicine for asthma attacks, call your doctor right away.
- **Do not take SINGULAIR for the immediate relief of an asthma attack.** If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks.
- Always have your inhaled rescue medicine for asthma attacks with you.
- Do not stop taking or lower the dose of your other asthma medicines unless your doctor tells you to.
- If your doctor has prescribed a medicine for you to use before exercise, keep using that medicine unless your doctor tells you not to.

For adults and children 2 years of age and older with seasonal allergic rhinitis:

- Take SINGULAIR once a day, at about the same time each day.

- Take SINGULAIR every day for as long as your doctor prescribes it.
- You may take SINGULAIR with food or without food.

How should I give SINGULAIR oral granules to my child?

Do not open the packet until ready to use.

SINGULAIR 4-mg oral granules can be given either:

- directly in the mouth;
- OR
- mixed with a spoonful of one of the following soft foods at cold or room temperature: applesauce, mashed carrots, rice, or ice cream. Be sure that the entire dose is mixed with the food and that the child is given the entire spoonful of the mixture right away (within 15 minutes).

IMPORTANT: Never store any oral granule/food mixture for use at a later time. Throw away any unused portion.

Do not put SINGULAIR oral granules in liquid drink. However, your child may drink liquids after swallowing the SINGULAIR oral granules.

What is the daily dose of SINGULAIR for asthma or seasonal allergic rhinitis?

For Asthma (Take in the evening):

- One 10-mg tablet for adults and adolescents 15 years of age and older,
- One 5-mg chewable tablet for children 6 to 14 years of age,
- One 4-mg chewable tablet or one packet of 4-mg oral granules for children 2 to 5 years of age, or
- One packet of 4-mg oral granules for children 12 to 23 months of age.

For Seasonal Allergic Rhinitis (Take at about the same time each day):

- One 10-mg tablet for adults and adolescents 15 years of age and older,
- One 5-mg chewable tablet for children 6 to 14 years of age, or
- One 4-mg chewable tablet or one packet of 4-mg oral granules for children 2 to 5 years of age.

What should I avoid while taking SINGULAIR?

If you have asthma and if your asthma is made worse by aspirin, continue to avoid aspirin or other medicines called non-steroidal anti-inflammatory drugs while taking SINGULAIR.

What are the possible side effects of SINGULAIR?

The side effects of SINGULAIR are usually mild, and generally did not cause patients to stop taking their medicine. The side effects in patients treated with SINGULAIR were similar in type and frequency to side effects in patients who were given a placebo (a pill containing no medicine).

The most common side effects with SINGULAIR include:

- stomach pain
- stomach or intestinal upset
- heartburn
- tiredness
- fever
- stuffy nose
- cough
- flu
- upper respiratory infection
- dizziness
- headache
- rash

Less common side effects that have happened with SINGULAIR include (listed alphabetically): agitation including aggressive behavior, allergic reactions (including swelling of the face, lips, tongue, and/or throat, which may cause trouble breathing or swallowing), hives, and itching, bad/vivid dreams, increased bleeding tendency, bruising, diarrhea, drowsiness, hallucinations (seeing things that are not there), hepatitis, indigestion, inflammation of the pancreas, irritability, joint pain, muscle aches and muscle cramps, nausea, palpitations, pins and needles/numbness, restlessness, seizures (convulsions or fits), swelling, trouble sleeping, and vomiting.

Rarely, asthmatic patients taking SINGULAIR have

experienced a condition that includes certain symptoms that do not go away or that get worse. These occur usually, but not always, in patients who were taking steroid pills by mouth for asthma and those steroids were being slowly lowered or stopped. Although SINGULAIR has not been shown to cause this condition, **you must tell your doctor right away if you get one or more of these symptoms:**

- a feeling of pins and needles or numbness of arms or legs
- a flu-like illness
- rash
- severe inflammation (pain and swelling) of the sinuses (sinusitis)

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

Talk to your doctor if you think you have side effects from taking SINGULAIR.

General Information about the safe and effective use of SINGULAIR

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SINGULAIR for a condition for which it was not prescribed. Do not give SINGULAIR to other people even if they have the same symptoms you have. It may harm them. **Keep SINGULAIR and all medicines out of the reach of children.**

Store SINGULAIR at 25°C (77°F). Protect from moisture and light. Store in original package.

This leaflet summarizes information about SINGULAIR. If you would like more information, talk to your doctor. You can ask your pharmacist or doctor for information about SINGULAIR that is written for health professionals.

What are the ingredients in SINGULAIR?

Active ingredient: montelukast sodium

SINGULAIR chewable tablets contain aspartame, a source of phenylalanine.

Phenylketonurics: SINGULAIR 4-mg and 5-mg chewable tablets contain 0.674 and 0.842 mg phenylalanine, respectively.

Inactive ingredients:

- **4-mg oral granules:** mannitol, hydroxypropyl cellulose, and magnesium stearate.
- **4-mg and 5-mg chewable tablets:** mannitol, microcrystalline cellulose, hydroxypropyl cellulose, red ferric oxide, croscarmellose sodium, cherry flavor, aspartame, and magnesium stearate.
- **10-mg tablet:** microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, hydroxypropyl cellulose, magnesium stearate, hydroxypropyl methylcellulose, titanium dioxide, red ferric oxide, yellow ferric oxide, and carnauba wax.

What is asthma?

Asthma is a continuing (chronic) inflammation of the bronchial passageways which are the tubes that carry air from outside the body to the lungs.

Symptoms of asthma include:

- coughing
- wheezing
- chest tightness
- shortness of breath

What is seasonal allergic rhinitis?

- Seasonal allergic rhinitis, also known as hay fever, is an allergic response caused by pollens from trees, grasses and weeds.
- Symptoms of seasonal allergic rhinitis may include:
 - stuffy, runny, and/or itchy nose
 - sneezing

Rx only

Issued April 2004

MERCK & CO., INC.
Whitehouse Station, NJ 08889, USA
20550828(1)(217)-SNG-CON

"I was big—now I'm not!"

"It's just an easy, breezy program!"

One morning Tammy couldn't get out of bed. Having ballooned to 260 lbs., she just didn't have the energy. It was then she realized she had to make a change or lose the most important fight of her life. "That day," the now perky girl from Kankakee, Illinois, bubbled, "I realized I wasn't living at all. I finally said enough is enough. I eventually lost 125 lbs. and got my life back, thanks to a no-brainer plan from NutriSystem®."

That morning, I talked to my fiancé about wanting to lose weight—we had those conversations a lot. I talked the talk, but never walked the walk. I had become a lifeless blob and was terribly unhappy with myself. I couldn't imagine how anyone else could be happy with me, either. Finally, I went over to the mirror, and said, "I've had enough!" So I started NutriSystem® and in less than a year, I lost 125 lbs.!

"Right away I thought, 'This is too easy!'"

I chose NutriSystem because it was the only program that literally did all of the work for me. They delivered all the meals and desserts right to my door, and even gave me a weight loss counselor I could call whenever I had any questions or was just having a bad day. I didn't have time to go all the way across town to weigh-in in front of a whole bunch of people. (*Heck, I hardly have time to get to the grocery store!*) With NutriSystem everything came to me. It's SO convenient.



"Yes, I ate my favorite, rotini and meatballs, and still lost 125 lbs.!"

"I ate 5 meals every day—even dessert!"

I'd been on a ton of diets. But this was the first one that let me eat five times a day! And if you think I was eating "rabbit food," boy, are you wrong! I was eating pancakes with maple syrup! Hamburgers! Pasta! Pot roast! Even chocolate cake! What diet ever lets you eat all that?

"And wow! The weight kept coming off."

Every NutriSystem meal was perfectly portioned, so I couldn't screw up by eating too many calories. Plus! I never had to think about what I was going to cook for breakfast, lunch or dinner. All I had to do was choose an entrée (*they have over 100, you know*) and it took just minutes to make one. And voilà! I had a delicious gourmet meal that I could eat at the same time as my fiancé. I loved being able to having dinner with him.

"NutriSystem took the work out of weight loss."

Look. There's just no simpler plan than NutriSystem. (*Losing weight is hard enough—you don't need anything else complicating it.*) And you don't have to pay any money to join NutriSystem, either. You only pay for the great-tasting food you eat (*the rotini and meatballs are my favorite!*). Better yet! I never had to go to meetings or gorge myself on just meats (*how boring is that after a few months?*) It was so nice not having to count points, calories, or carbs. And I didn't have to weigh or measure anything. It's a no-brainer plan! And if you busy moms out there don't think you have time to fit a weight loss program into your day, think again. NutriSystem is the program for you!

"I feel happy, healthy...and yes, even SEXY!"

Why did I succeed on NutriSystem? Well, because it was SO easy! Like my friends and family know, I'm living proof of how well it works. I was big—now I'm not! Here I am—125 lbs. lighter! For the first time ever, I can see my collarbone, feel my hips, and wear a two-piece bathing suit out in public. (*You just don't know what that can do to a woman's self-esteem!*) Thanks to NutriSystem, I'm a new person and I love the new life I lead. Now, I'm not just "alive," but I'm living life to the fullest!

nutrisystem®



Tammy LOST 125 LBS.*

*Weight lost on prior NutriSystem program. Results not typical.

Check Out The NutriSystem Low Glycemic Foods For One Week **FREE!**

Now NutriSystem has a new program that's based on a revolutionary nutritional breakthrough called the Glycemic Index. NutriSystem separates good carbs from bad. So you can eat pastas, chocolate and other comfort foods and still lose weight. Carbs are no longer off limits! Give us a try. Sign up for our 28-Day program, and we'll send you an

EXTRA WEEK OF FOOD
(that's 7 breakfasts, 7 lunches,
7 dinners and 7 desserts)
ABSOLUTELY FREE!

SPECIAL OFFER:

Select the New 28-Day program and get an extra **WEEK OF FOOD FREE**
Call a NutriSystem Counselor for personalized service
1-888-281-BODY

Or go online at nutrisystem.com/ad

Use promo code **WD505** to get this offer.

Offer good on first 28-Day program only. Limited time. Hurry!

LOSE YOUR BELLY
Continued from page 56

Rope Climb

Targets the rectus abdominus, the long muscle that runs down the front of your torso



1. Sit with your knees bent, feet on the floor, back straight and shoulders relaxed (a). **2.** While keeping your back straight and your shoulders relaxed, put your arms up, lean back slightly and pretend to climb a rope, hand over hand. Look up, but don't hunch your shoulders, and keep your neck relaxed (b). Do up to 25 reaches. **3.** As your abs get stronger, try to lift both feet off the floor, with knees bent, even if it's for just a few reps (c).

“Strong, flat abs are possible for *anybody* and *anybody*,” says Holland.

Plank

Targets the back and the transverse abdominus, which lies beneath the other ab muscles and helps you stand straight



1. Kneel on the floor with your elbows under your shoulders and your hands together, forming a triangle on the floor with your forearms (a) **2.** Leaning on your forearms, come up onto your toes and stretch your legs out behind you (b). Hold this position for 30 seconds. Repeat steps 1 and 2 two times. If holding for 30 seconds is too difficult at first, lower your knees to the floor when you need to rest.

The Keys to Good Posture

No matter how strong your abs are, if you don't know how to stand properly—and practice good posture—your torso won't look lean. And, more important, without good posture, your back can begin to hurt. “If you have strong abs, you'll have a strong back,” says Catherine Chiarelli, a trainer at Crunch in Los Angeles and the star of *Crunch Fat-Burning Ab Attack* (\$19.95, Anchor Bay Entertainment). To practice standing properly:

- Look at yourself in the mirror as you stand sideways.
- Most people allow their butt to sway back, so to straighten out your lower body, tuck your hips under while keeping an eye on the mirror. Find the place where your pelvis looks straight. You'll probably need to contract your ab muscles to see a flattening of your lower abs.
- Drop your shoulders so they aren't hunched. Be sure your upper body is resting evenly over your hips. Your shoulder blades should be pulled back and down.
- Instead of lifting up your chin, lift from the crown of your head. Don't look up, look out straight so that your head is level.
- To get another feel for what your back should be like, sit in a chair with your feet shoulder-width apart.



Please turn to page 62

IN CASE OF HEARTBURN BREAK GLASS

**FOR RELIEF
NOW**



**FOR FULL EFFECT
IN 1-4 DAYS**



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When the alarm sounds for heartburn, think fast. Prilosec OTC® is not intended for immediate relief. It can take 1 to 4 days for full effect. But Tums neutralizes acid on contact. There's nothing faster. And Tums has calcium.

TUMS®



"SNACK HAPPY" NOT JUST AN ADVERTISING SLOGAN, BUT A MANTRA TO LIVE BY

The Snack Fairy is one smart cookie and he's here to lead you to great-tasting snacking choices like 100 Calorie Packs from Nabisco.

So when you see the Snack Fairy's logo or the yellow Sensible Snacking flag, you too can feel confident it is a product that allows you to snack happy.

"Let's be frank," he said recently, "what the world needs now is love and snacks like 100 Calorie Packs from Nabisco."



NabiscoWorld.com/TOOCALORIEPACKS

LOSE YOUR BELLY

Continued

Beat Bloat

Sometimes the reason your jeans aren't fitting right is due to bloating caused by gas and/or water retention, explains Kathy McManus, M.S., R.D., director of the nutrition department at Brigham and Women's Hospital in Boston. "Your body tries to get rid of excess gas or water in your system through burping and flatulence, but if the gas or water doesn't go anywhere, then you'll suffer from abdominal bloating," says McManus.

"The main culprits are chewing gum, gulping foods and drinking while you eat. All of these things can cause you to swallow air," McManus says. To combat the gas, McManus advises people to eat slowly, consume smaller and more frequent meals, drink beverages at room temperature and avoid drinking anything bubbly. Also, try to sit up straight while you eat. It's also a good idea to take a stroll after eating and increase your physical activity during the day.

For water retention, you should stay away from foods that are particularly high in sodium, such as canned foods, frozen dinners and cured meats. While many women believe that eating grapefruit or celery and drinking unsweetened cranberry juice will help them lose water weight, McManus believes that no food can reduce bloating. "You're actually just eating less than you would otherwise," she explains. "These are watery foods with very few calories."

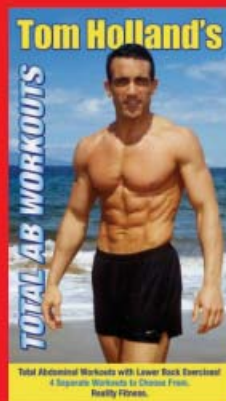
Meanwhile, is it true that white-flour foods can cause water retention? "High-carb diets can result in water retention," McManus says, "but everyone should eat whole grains. One slice of white bread amid a healthy, well-balanced diet won't make someone notice a difference in the amount of water retention she experiences."

WD

WD Shape-Up CHALLENGE



TONE YOUR MIDDLE



Ready to take your abs workout to the next level? Tom Holland's *Total Ab Workouts* consists of four different abdominal exercise routines designed to strengthen your entire core region. Each workout takes seven minutes and also includes exercises to strengthen your lower back. *Woman's Day* readers can enter to win one of 15 DVD or VHS copies and find out how to purchase the video for just \$14.95 (\$10 off the original price of \$24.95) by logging on to www.womansday.com/shapeup between August 23 and September 22. No purchase necessary.

ILLUSTRATION: SHARON DAHL



100 CALORIE PACKS COME IN 7 GREAT VARIETIES, *so you can keep your taste buds happy* EVERY DAY OF THE WEEK.



You'll have a great week ahead of you.

Go ahead and feel the joy of snacking happy. Each pack has 100 calories, 0 cholesterol and 0-3 grams of fat, depending on the variety.



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Cycle of Love

by Janine Latus



After losing their husbands on 9/11, they reached out to other women a world away



Far left: Standing at Ground Zero, Susan Retik, left, and Patti Quigley, right, embrace. **Left:** The two women en route to Boston.

Susan Retik had just dropped off her children at school near her home in Needham, Massachusetts, when she heard that terrorists had flown a plane into the World Trade Center. “Those poor people,” she thought.

Then the newscaster identified the plane as American Airlines Flight 11, bound from Boston to Los Angeles. *Dave!* Her husband was flying to Los Angeles from Boston that morning. What was his flight number? He traveled so often, she couldn’t remember.

All of a sudden Susan, 33 and seven months pregnant with their third child, couldn’t get home fast enough. She burst through the door and logged on to his computer. “I saw American Flight 11,” she says, choking up at the memory, “and I knew in that minute that he was gone.”

Six miles away, Patti Quigley, 40, who was eight months pregnant, had just sent her 5-year-old daughter to school and was watching the television in horror. Smoke was still rising from the first tower when her sister called. Patti’s husband, Patrick, had been back and forth from Boston to L.A. a lot lately, so she asked where Patrick was. “On his way to California,” she said. But he was flying United, not American.

On TV, Patti saw the second plane hit the second tower. *Patrick!* Fighting panic, she checked her husband’s itinerary—United 175. She called United and was put through to the airline’s crisis center. That’s when Patti realized she had just witnessed her husband’s murder.

How Can We Help?

During those first moments of national grief and private pain, Susan and Patti were both surrounded by loving circles of support. Susan’s family and friends began

arriving within minutes, along with Dave’s colleagues from Alta Communications, a venture capital firm. “All at once,” she recalls, “the house was full.”

Patti’s home was also quickly flooded with friends, neighbors and her seven siblings. Patrick’s boss at Price Waterhouse Coopers, a management consulting firm, called and told her not to worry about anything. Later, Senator Ted Kennedy called and said, “Don’t worry, Mrs. Quigley, we’ll help you through this.”

The two women were soon showered with calls, flags, money, flowers, food and letters from all over the country. “People wanted to feel like they were doing something,” says Susan. “They wanted to feel connected, to try to come to terms with this horrific act.”

It was an agonizing time. But both women knew that, as awful as it was, it could have been worse. Between their own financial resources and benefits they would receive, they had no fears of losing their homes or being unable to feed and provide for their children. With the gift of support, financial and emotional, they were free to grieve for their husbands and tend to their children.

Soon, Patti and Susan would give those same gifts to women on the opposite side of the world.

Comfort in the Storm

Because of the media deluge that followed the 9/11 attacks, Susan and Patti quickly learned about one another. It was an irresistible local story—two pregnant women living within six miles of each other who had lost their husbands in the 9/11 attacks. Friends encouraged them to meet, but they resisted. “The idea of taking on someone else’s grief was too much to bear,” Susan says.

It wasn’t until months later, after each had come to some level of acceptance, that one of them sent that first e-mail and they met. Both felt an immediate sense of relief and kinship. They were facing the same burdens, past and future, losing their husbands in a national tragedy and raising their children, including new babies, alone.

Please turn to page 66

TAKE CHARGE OF YOUR CARE.

IT GOT YOU INTO THIS SITUATION.

IT CAN GET YOU OUT.



PEOPLE WHO TALK WITH THEIR DOCTOR ARE MUCH MORE MOTIVATED TO LOSE WEIGHT THAN THOSE WHO DON'T.

Follow the 5 A's:

ASK your doctor about any potential risks.

ACCEPT the weight control plan that's right for you.

AGREE on treatment goals.

ACCUMULATE a support system of friends, family and health professionals.

ARRANGE follow-ups with your doctor throughout the process.

At United Health Foundation, we believe that the more you know, the healthier you will be. Which is why we partnered with the U.S. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) to bring you these important health tips. We encourage you to get more involved in your care, to seek out information and to always make sure that the information you use comes from a reliable, evidence-based source. To find out more on this and other important topics, visit UHFtips.org.



United Health FoundationSM



U.S. Preventive Services Task Force. Screening for Obesity in Adults: Recommendations and Rationale. November 2003. Agency for Healthcare Research and Quality, Rockville, MD.

CYCLE OF LOVE

Continued

But something else had also been troubling Susan for months, and now she discussed it with Patti. After 9/11, as media coverage of Afghanistan intensified, Susan had seen a talk show on the role of women in Afghanistan. "The images of those women in burkas covered from head to toe, with just a tiny bit of mesh they could see through, hunched over so they wouldn't trip—that image just changed my life," she says. "If being a woman in Afghanistan is so difficult, I thought, what must it be like to be a widow?"

The answer: It could hardly be worse. Under the radical Muslim Taliban regime, widows were not allowed to leave their homes without a male relative, so they were dependent on brothers, uncles and fathers. After 20 years of armed conflict, such men were scarce. So were food, clothing and safe housing. Plus, according to tribal custom, when a husband dies, the home and property goes not to the wife, but to the husband's side of the family, which has every right

to evict the wife and her children.

Susan learned all this just as the United States was about to attack Afghanistan to find Osama bin Laden and other Al Qaeda leaders, and overthrow the Taliban regime that had harbored them. As in any war, significant civilian casualties were inevitable. Women would lose their husbands, just like Susan had.

"It really hit me that we were connected," she says. "These women were going to be caught in the crosshairs just like I had been. I thought if I could help one widow and give her time to grieve the way I have, without worrying about food and shelter for her kids, it would be my way of giving back."

The idea resonated with Patti too. "I was reading a book on grief, and it said we don't have a choice in the roles we play in life, but we do have a choice in *how* we play them," Patti says. "I didn't have a choice in becoming a widow or a single mother, but I do have a choice in that I can help be a voice for these women who don't have a voice."

They called their fledgling effort Beyond the 11th. "We believe widows in Afghanistan want the same things for their kids as we want for ours—clothes, food and an education," Susan says.

Riding into the Future

To raise money, the two mothers decided to ride their bicycles from Ground Zero in New York City to the 9/11 memorial in Boston Commons, about 270 miles away. Last year, on September 9, just before the third anniversary of the attacks, they set out from lower Manhattan. Bolstered by their husbands' spirits and sponsored by friends, family and others, they took on hills, flat tires and sore body parts. "Never for a moment did we think about turning around or giving up," Susan says. "We took pride in each pedal."

On September 11, as they neared Boston, Susan and Patti were joined by 200 other cyclists. They rode two-by-two, representing the 202 New Englanders who were killed in the 9/11 attacks. Dubbed "Cycling Forward," the event raised \$150,000 to fund Beyond the 11th. This year they hope to double that amount.

To ensure that the money would not go to the Taliban or widows of Taliban leaders, Susan and Patti had spent nearly two years researching nongovernmental aid organizations. They chose CARE and Women for Women International, which work in Afghanistan and other trouble spots.

In Afghanistan, one of the poorest nations in the world, 80 percent of the women are illiterate. With money from Beyond the 11th and others, both programs are teaching Afghan widows to read and count. They are also helping to fund micro loans for small businesses. Through CARE, Beyond the 11th has sponsored 400 women who raise chickens. They're supplied with feed and chicks, and information on keeping the chicks healthy. Women for Women teaches other trades, including making shoes, rugs and jewelry, and gives women small startup grants.

Something Susan and Patti first heard from a representative of Women for Women still drives them to do more. During the old regime, members of the Taliban would bring a sack of rice to a family that had no food and say, "You have eight children. Give me one boy and I'll give you this sack of rice." And destitute mothers would make the deal, knowing their son would be clothed, fed and perhaps even educated. The women also knew that the sacks of rice would keep coming.

"Here in the United States, it's easy for us to say, 'Oh, I would never do that to a child!' But we haven't lived that life," Patti says. "We want to be the people who give them the sack of rice, and let them educate their families in a tradition and culture that is not a one of hatred."

Helping to provide that education may mean a better future for all of us. "It's girls being allowed to go to school, it's boys not having to work at a young age," Susan says. "We want them to be educated, to stop the cycle of poverty."

To date, Beyond the 11th has helped 500 widows, who in turn care for nearly 2,500 children. "It's amazing to think we really are affecting women halfway around the world," Susan says. "It thrills us that we can make a difference." WD

Help on the Way

Last March, First Lady Laura Bush was in Kabul, Afghanistan's capital, promoting the need for women's education. "The United States government is wholeheartedly committed to the full participation of women in all aspects of Afghan society," she said, according to the *Christian Science Monitor*. Some organizations now helping Afghan women include:

- **CARE:** Go to www.care.org.
- **Women for Women International:** Visit www.womenforwomen.org.
- **U.S.–Afghan Women's Council:** Log on to www.state.gov/g/wi.
- **U.S.–Afghanistan Reconstruction Council:** Go to www.us-arc.org.

How to Support Cycling Forward

Susan Retik and Patti Quigley's bicycle ride from lower Manhattan to Boston begins September 9. To participate in all or part of the ride, sponsor a rider or contribute to Beyond the 11th, go to www.beyondthe11th.org.

Zoloft
has helped millions
with depression.
This is Joanne's story.

JOANNE M. AGE 50. BROOKLYN, NY.*



*Story not based on actual person.

Joanne didn't ask her doctor about just any antidepressant. She asked about ZOLOFT. It's treated more people with more types of depression and anxiety than any brand of its kind.

ZOLOFT is safe and effective. It was the right choice for Joanne.

Ask your doctor if it's right for you.

ZOLOFT. #1 for millions of reasons.

Zoloft
(sertraline HCl)
www.zoloft.com

Depression is a serious medical condition, which can lead to the risk of suicidal thoughts and behavior. A combined analysis of studies involving 9 antidepressants showed that in people under 18 this risk was 4% for those taking antidepressants compared to 2% for those taking a sugar pill. This risk must be balanced with the medical need. Those starting medication should be watched closely for suicidal thoughts, worsening of depression, or unusual changes in behavior. In children and teens, ZOLOFT is only approved for use in those with obsessive-compulsive disorder.

ZOLOFT is not for everyone. People taking MAOIs or pimozide shouldn't take ZOLOFT. Side effects may include dry mouth, insomnia, sexual side effects, diarrhea, nausea and sleepiness. In studies, few people were bothered enough by side effects to stop taking ZOLOFT.

ZOLOFT is not habit forming and is not associated with weight gain. So talk to your doctor about how ZOLOFT might help you. ZOLOFT comes in 25mg, 50mg, and 100mg tablets. You and your doctor can discuss the right dose for you.

For more information, please see the following page, call 1-800-6-ZOLOFT (696-5638) or visit ZOLOFT.com.

Suicidality in Children and Adolescents
Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of ZOLOFT or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. ZOLOFT is not approved for use in pediatric patients except for patients with obsessive-compulsive disorder (OCD). (See WARNINGS and PRECAUTIONS: Pediatric Use)
Pooled analyses of short-term (4 to 16 weeks) placebo-controlled trials of 9 antidepressant drugs (SSRIs and others) in children and adolescents with major depressive disorder (MDD), obsessive-compulsive disorder (OCD), or other psychiatric disorders (a total of 24 trials involving over 4400 patients) have revealed a greater risk of adverse events representing suicidal thinking or behavior (suicidality) during the first few months of treatment in those receiving antidepressants. The average risk of such events in patients receiving antidepressants was 4%, twice the placebo risk of 2%. No suicides occurred in these trials.

INDICATIONS: ZOLOFT is indicated for the treatment of major depressive disorder (MDD), social anxiety disorder, panic disorder, posttraumatic stress disorder (PTSD), premenstrual dysphoric disorder (PMDD), and obsessive-compulsive disorder (OCD), and can be used in pediatric patients (aged 6 to 17 years) with OCD. **CONTRAINDICATIONS:** Concomitant use in patients taking other monoamine oxidase inhibitors (MAOIs) or piperazine is contraindicated. **WARNINGS: Clinical Worsening and Suicide Risk** – Adult and pediatric patients with MDD may experience worsening of their depression and/or emergence of suicidality or unusual behavioral changes, whether or not they are taking antidepressants; this risk may persist until significant remission occurs. There has been a long-standing concern that antidepressants may prompt worsening of depression and emergence of suicidality in certain patients. Pooled analyses of short-term placebo-controlled trials of 9 antidepressant drugs (SSRIs and others) in children and adolescents with MDD, OCD, or other psychiatric disorders (24 trials in ~4400 patients) revealed a greater risk of suicidality during the first few months of treatment in antidepressant recipients. The average risk of such events in these patients was 4%, twice the placebo risk of 2%. Risk varied considerably among drugs studied, but almost all drugs tended toward an increase. Suicidality risk was most consistently observed in MDD trials, but risk signals also arose from some trials in OCD and social anxiety disorder. **No suicides occurred in these trials.** It is unknown whether the suicidality risk in pediatric patients extends to longer term use, eg, beyond several months or to adults. **Closely observe all pediatric patients taking antidepressants for any clinical worsening, suicidality, and unusual behavioral changes, especially in the first few months of treatment, or when dose increases or decreases. This would include at least weekly face-to-face contact with patients, family members, or caregivers during the first 4 weeks of treatment, then every other week visits for the next 4 weeks and at 12 weeks, and as clinically indicated thereafter. Additional telephone contact may also be appropriate between face-to-face visits. Adults with MDD or comorbid depression in the setting of other psychiatric illness taking antidepressants should also be observed for clinical worsening and suicidality, especially during the first few months of treatment, or at times of dose increases or decreases. Anxiety, agitation, panic attacks, insomnia, irritability, hostility (aggressiveness), impulsivity, akathisia (psychomotor restlessness), hypomania, and mania have been reported in adult and pediatric patients taking antidepressants for MDD and other psychiatric or nonpsychiatric indications. While no causal link between the emergence of such symptoms and worsening of depression and/or emergence of suicidal impulses has been established, these symptoms may indicate emerging suicidality. Consider changing or discontinuing the therapeutic regimen in patients whose depression is persistently worse or who are experiencing emergent suicidality or symptoms that might indicate worsening depression and/or suicidality especially if symptoms are severe, abrupt in onset, or not part of presenting symptoms. If treatment is to be discontinued, taper medication as rapidly as possible, with attention to the association of abrupt discontinuation with certain symptoms (see PRECAUTIONS AND DOSAGE AND ADMINISTRATION—Discontinuation of Treatment with ZOLOFT). **Alert families and caregivers of pediatric and adult patients taking antidepressants for MDD or other psychiatric or nonpsychiatric indications to monitor patients on a daily basis for unusual behavioral changes, and both the emergence of the symptoms described above and suicidality, and to report such symptoms immediately to healthcare providers.** To reduce overdose risk, write ZOLOFT prescriptions for the fewest tablets consistent with good patient management. **Screening for bipolar disorder:** An MDD episode may be the initial presentation of bipolar disorder. It is generally believed (though not established in controlled trials) that treating such an episode with an antidepressant alone may increase the likelihood of precipitation of a mixed/manic episode in patients at risk for bipolar disorder. Whether any of the symptoms described above represent such a conversion is unknown. Screen patients with depressive symptoms adequately prior to initiating antidepressant treatment to determine if they are at risk for bipolar disorder; this should include a detailed psychiatric history, including family history of suicide, bipolar disorder, and depression. ZOLOFT is not approved for use in treating bipolar depression. **Cases of serious, sometimes fatal, reactions have been reported in patients receiving ZOLOFT in combination with an MAOI. ZOLOFT should not be used in combination with an MAOI, or within 14 days of discontinuing treatment with an MAOI. Similarly, at least 14 days should be allowed after stopping ZOLOFT before starting an MAOI. ZOLOFT is contraindicated in patients with a hypersensitivity to sertraline or any of the inactive ingredients in ZOLOFT. **PRECAUTIONS: General—Activation of Mono/Hypomania** – During premarketing testing, hypomania or mania occurred in approximately 0.4% of ZOLOFT-treated patients. **Weight Loss** – Significant weight loss may be an undesirable result of treatment with sertraline for some patients, but on average, patients in controlled trials had minimal, 1 to 2 pound weight loss. **Seizure** – ZOLOFT has not been evaluated in patients with a seizure disorder. ZOLOFT should be introduced with care in patients with a seizure disorder. **Discontinuation of Treatment** – During marketing of ZOLOFT and other SSRIs and SNRIs, spontaneous reports of adverse events occurred upon discontinuation, particularly when abrupt. Symptoms included dizziness, headache, nausea, vomiting, diarrhea, insomnia, and hypomania. These events are generally self-limiting, but serious discontinuation symptoms have been reported. Monitor patients for these symptoms when discontinuing treatment with ZOLOFT. Gradual dose reduction rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a dose reduction or upon discontinuation, resuming the previously prescribed dose may be considered. Subsequently, consider decreasing the dose at a more gradual rate. **Abnormal Bleeding** – Case studies have documented upper gastrointestinal bleeding episodes in patients taking serotonergic reuptake inhibitors concurrently with nonsteroidal NSAIDs or aspirin. Bleeding at other sites may be similarly potentiated. Caution patients about bleeding risk associated with concomitant use of ZOLOFT and nonsteroidal NSAIDs, aspirin, or other drugs that affect coagulation. **Weak Urinary Effect** – ZOLOFT is associated with a mean decrease in serum uric acid of approximately 7%. The clinical significance of this weak uricostatic effect is unknown. **Use in Patients with Concomitant Illness** – Clinical experience with ZOLOFT in patients with certain concomitant systemic illness is limited. Use cautiously in patients with diseases or conditions that could affect metabolism or hemodynamic responses. In clinical studies, electrocardiograms of 774 patients taking ZOLOFT (including those with a recent history of myocardial infarction or unstable heart disease) indicate that ZOLOFT is not associated with the development of significant ECG abnormalities. In patients with chronic mild liver impairment, sertraline clearance was reduced, thus increasing AUC, C_{max}, and elimination half-life. Effects in patients with moderate and severe hepatic impairment have not been studied. Approach the use of sertraline with caution in patients with liver disease, and use a lower or less frequent dose in patients with liver impairment. Since ZOLOFT is extensively metabolized, excretion of unchanged drug in urine is a minor route of elimination. A clinical study has indicated that renal disease does not affect sertraline pharmacokinetics and protein binding. Therefore, no dosage adjustment is needed in patients with renal impairment. **Interference with Cognitive and Motor Performance** – In controlled studies, ZOLOFT did not cause sedation and did not interfere with psychomotor performance. **Hypomania** – Several cases of reversible hypomania have been reported, mostly in elderly individuals, some of whom were taking diuretics or who were otherwise volume depleted. **Platelet Function** – There have been rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking ZOLOFT. **Drug Interactions: Potential Effects of Concomitant Use of Drugs Highly Bound to Plasma Proteins** – Adverse effects may result from displacement of protein-bound ZOLOFT by other highly bound drugs, eg, warfarin, digoxin. Prothrombin time should be carefully monitored when ZOLOFT therapy is initiated or stopped. **Cimetidine** – When administering ZOLOFT with cimetidine, dosage adjustment after the starting dose of 50 mg should be guided by clinical effect. **CNS Active Drugs** – Concomitant use of ZOLOFT with diazepam or desmethyldiazepam may require dosage adjustment. Even though lithium levels were not altered in clinical trials, it is recommended that plasma lithium levels be monitored following initiation of ZOLOFT therapy with appropriate adjustments to the lithium dose. In a controlled study of a single dose (2 mg) of piperazine, 200 mg sertraline (10 mg) administration to steady state was associated with a mean increase in piperazine AUC and C_{max} of about 40%, but was not associated with any changes in ECG. Since the highest recommended piperazine dose (10 mg) has not been evaluated in combination with sertraline, the effect on QT interval and PK parameters at doses higher than 2 mg at this time is not known. The risk of using ZOLOFT in combination with other CNS active drugs has not been systematically evaluated. Caution is advised if the concomitant use of ZOLOFT and such drugs is required. There is limited controlled experience regarding the optimal timing of switching from other drugs effective in the treatment of major depressive disorder, OCD, panic disorder, PMDD, and social anxiety disorder to ZOLOFT. Caution should be exercised when switching, particularly from long-acting agents. **Drugs Metabolized by P450 3A4** – In three separate *in vivo* interaction studies, sertraline was administered with the cytochrome P450 3A4 substrates, terfenadine, carbamazepine, or cispagite, under steady-state conditions. The results of these studies indicated that sertraline did not increase plasma concentrations of terfenadine, carbamazepine, or cispagite. These data indicate that sertraline's extent of inhibition of P450 3A4 activity is not likely to be of clinical significance. Results of the interaction study with cispagite indicate that sertraline 200 mg (q.d.) induces the metabolism of cispagite (cispagite AUC and C_{max} were reduced by about 35%). **Drugs Metabolized by P450 2D6** – Many antidepressants, eg, the SSRIs, including sertraline, and most tricyclic antidepressants inhibit the biochemical activity of the drug metabolizing enzyme cytochrome P450 2D6 (debrisoquine hydroxyase), and, thus, may increase the plasma concentrations of coadministered drugs that are metabolized by P450 2D6. This potential interaction is of greatest concern in those drugs metabolized primarily by 2D6 and which have a narrow therapeutic index, eg, the tricyclic antidepressants (TCAs) and the Type 1C antiarrhythmic propafenone and flecainide. The extent to which this interaction is an important clinical problem depends on the extent of the inhibition of P450 2D6 by the antidepressant and the therapeutic index of the coadministered drug. Antidepressants vary in their extent of clinically important 2D6 inhibition; sertraline at lower doses has a less prominent inhibitory effect on 2D6 than some others in the class. Nevertheless, even sertraline has the potential for clinically important 2D6 inhibition. Consequently, concomitant use of a drug metabolized by P450 2D6 with ZOLOFT may require lower doses than usually prescribed for the****

other drug. Whenever ZOLOFT is withdrawn from co-therapy, an increased dose of the coadministered drug may be required. **Sumatriptan** – Rare reports describe weakness, hypotension, and incoordination following combined SSRI-sumatriptan treatment. Combined therapy warrants appropriate patient observation. **TCAs** – Caution is indicated in the coadministration of TCAs with ZOLOFT, because sertraline may inhibit TCA metabolism. The extent to which SSRI-TCA interactions may pose clinical problems depends on the degree of inhibition and the pharmacokinetics of the SSRI involved. Plasma TCA concentrations may need to be monitored, and the dose of TCA may need to be reduced, if a TCA is coadministered with ZOLOFT. **Hypoglycemic Drugs** – In a placebo-controlled trial in normal volunteers, concomitant use of ZOLOFT and tolbutamide caused a decrease in the clearance of tolbutamide, which may have been due to a change in the metabolism of the drug. The clinical significance of this is unknown. **Atenolol** – Atenolol (100 mg) administered to 10 healthy males had no effect on the beta-adrenergic blocking ability of atenolol. **Digoxin** – In another study, administration of ZOLOFT for 17 days (including 200 mg/day for the last 10 days) did not change serum digoxin levels or digoxin renal clearance. **Microsomal Enzyme Induction** – ZOLOFT was shown to induce hepatic microsomal enzymes, as determined by a decrease in erythrine half-life. This small change reflects a clinically insignificant change in hepatic metabolism. **Electroconvulsive Therapy (ECT)** – There are no clinical studies establishing the risks or benefits of the combined use of ECT and ZOLOFT. **Alcohol** – Although ZOLOFT did not potentiate the cognitive and psychomotor effects of alcohol in clinical studies, the concomitant use of ZOLOFT and alcohol is not recommended. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** Lifetime carcinogenicity studies carried out in mice and rats showed a dose-related increase of liver adenomas in male mice receiving sertraline at 10-40 mg/kg (0.25-1.0 times the MRRD on a mg/m² basis). No increase was seen in female mice or in rats of either sex receiving the same treatments, nor was there an increase in hepatocellular carcinomas. There was an increase in follicular adenomas of the thyroid in female rats receiving sertraline at 40 mg/kg. While there was an increase in uterine adenocarcinomas in rats receiving sertraline at 10-40 mg/kg, this effect was not clearly drug related. Sertraline had no genotoxic effects, with or without metabolic activation, based on laboratory assays. A decrease in fertility was seen in one of two rat studies at a dose of 80 mg/kg (4 times the maximum human dose on a mg/m² basis). **Pregnancy—Pregnancy Category C:** There are no adequate and well-controlled studies in pregnant women. ZOLOFT should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Pregnancy-Nonteratogenic Effects** – Neonates exposed to ZOLOFT or other SSRIs or SNRIs, late in the third trimester have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding. Complications can arise immediately upon delivery. Reports include respiratory distress, cyanosis, apnea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycemia, hypotonia, hypertonia, hyperreflexia, tremor, jitteriness, irritability, and constant crying. This is consistent with a direct toxic effect of SSRIs and SNRIs or, possibly, a drug discontinuation syndrome. In some cases, the clinical picture is consistent with serotonin syndrome. Consider carefully the potential risks and benefits when treating a pregnant woman with ZOLOFT during the third trimester. **Labor and Delivery** – The effect of ZOLOFT on labor and delivery in humans is unknown. **Nursing Mothers** – It is not known whether sertraline or its metabolites are excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ZOLOFT is administered to a nursing woman. **Pediatric Use** – The efficacy and safety of ZOLOFT use in children and adolescents with OCD was evaluated in a 12-week, multicenter, placebo-controlled study with 187 outpatients, ages 6-17. Safety was evaluated in a 52-week open extension study of 137 patients who had completed the initial study. In the 12-week and 52-week studies, ZOLOFT had an adverse event profile generally similar to that observed in adults. Safety and effectiveness of ZOLOFT in pediatric patients other than those with OCD have not been established (see BOX WARNING and WARNINGS—Clinical Worsening and Suicide Risk). The results of 2 placebo-controlled trials (N=373) in pediatric patients with MDD given ZOLOFT were insufficient to support a claim for pediatric use. Use of ZOLOFT in a child or adolescent must balance the potential risks with the clinical need. The risks, if any, that may be associated with ZOLOFT's use beyond 1 year in children and adolescents with OCD have not been systematically assessed. There are no studies that directly evaluate the effects of long-term use of sertraline on the growth, development, and maturation of children and adolescents. Although there is no definitive finding for such effects, the potential of sertraline to have adverse effects with chronic use is not known. **Geriatric Use** – Geriatric studies of ZOLOFT in major depressive disorder in patients >65 years of age revealed no overall differences in pattern of efficacy or adverse reactions relative to younger patients except for urinary tract infection (incidence ≥2% and greater than placebo). As with all medications, greater sensitivity of some older individuals cannot be ruled out. As with other SSRIs, ZOLOFT has been associated with cases of clinically significant hyponatremia in elderly patients. **ADVERSE REACTIONS: Incidence in Placebo-Controlled Clinical Trials—Most Common Treatment-Emergent Adverse Events:** The most common adverse events reported in adult patients receiving ZOLOFT (N=2799; N=2394 for placebo) for the treatment of major depressive disorder/other, OCD, panic disorder, PTSD, PMDD, and social anxiety disorder combined in controlled trials (incidence ≥2% or more for ZOLOFT and greater than placebo): **Autonomic Nervous System Disorders** – ejaculatory failure (primarily ejaculatory delay), drowsiness/lethargy for male patients only (14% [n=1118] vs 1% [n=926]), mouth dry (14% vs 8%), sweating increased (7% vs 2%). **Central & Peripheral Nervous System Disorders** – somnolence (13% vs 7%), dizziness (12% vs 7%), headache (25% vs 23%), paresthesia (2% vs 1%), tremor (8% vs 2%). **Disorders of Skin and Appendages** – rash (3% vs 2%). **Gastrointestinal Disorders** – nausea (8% vs 7%), vomiting (4% vs 2%), constipation (6% vs 4%), diarrhea/loose stools (20% vs 10%), dyspepsia (8% vs 4%), nausea (25% vs 11%), vomiting (4% vs 2%). **General** – fatigue (12% vs 9%). **Psychiatric Disorders** – agitation (5% vs 3%), anxiety (4% vs 3%), insomnia (21% vs 11%), libido decreased (6% vs 2%), nervousness (5% vs 4%). **Special Senses** – vision abnormal (3% vs 2%). **Adverse Events in Pediatric Patients:** In pediatric patients, the overall profile was similar to that of adults. However, the following events were also reported from controlled trials (n=261 treated with ZOLOFT) (incidence of ≥2% and at least twice that of placebo): fever, hyperkinesia, urinary incontinence, aggressive reaction, sinusitis, epistaxis, and purpura. **Associated with Discontinuation of Treatment:** The adverse events associated with discontinuation of ZOLOFT treatment included at least twice that for placebo and at least 1% for ZOLOFT in major depressive disorder and other premarketing controlled trials are agitation, diarrhea, dry mouth, ejaculation failure (primarily ejaculatory delay), headache, insomnia, nausea, somnolence, and tremor; in OCD are diarrhea, dizziness, ejaculation failure (primarily ejaculatory delay), insomnia, nausea, and somnolence; in panic disorder are agitation, diarrhea, dyspepsia, ejaculation failure (primarily ejaculatory delay), insomnia, nausea, nervousness, and sore throat; in PTSD are headache and nausea; in PMDD (daily dosing) are diarrhea, nausea, and nervousness; in PMDD (bimonthly phase dosing) are hot flashes, insomnia, nausea, and palpitation; and in social anxiety disorder are abdominal pain, anxiety, ejaculation failure (primarily ejaculatory delay), fatigue, headache, insomnia, and nausea. **Sexual Dysfunction with SSRIs:** Although sexual desire, sexual performance, and sexual satisfaction may change as a manifestation of psychiatric disorders, some evidence suggests that SSRIs may cause unwanted sexual experiences. Reliable estimates of such untoward experiences are difficult to obtain, due to physician and patient reluctance; accordingly, product labeling is likely to underestimate their actual incidence. There are no adequate, well-controlled studies of sexual dysfunction with sertraline. Preopon has been reported with all SSRIs. Physicians should routinely inquire about possible sexual side effects in patients taking SSRIs. **Other Events Observed During the Premarketing Evaluation of ZOLOFT:** During premarketing assessment, multiple doses of ZOLOFT were administered to over 4000 adult patients. Events are further categorized by body system and listed in order of decreasing frequency. Note: frequent=events occurring in at least 1/100 patients; infrequent=1/1000 patients; rare=less than 1/1000 patients. It is important to emphasize that although the events reported occurred during treatment with ZOLOFT, they were not necessarily caused by it. **Autonomic Nervous System Disorders** – frequent: incontinence; infrequent: flushing, increased saliva, cold, dizziness, skin, mydriasis; rare: pupil, glaucoma, priapism, vasodilation. **Body as a Whole** – General Disorders – rare: allergic reaction, allergy. **Cardiovascular** – frequent: palpitations, chest pain; infrequent: hypertension, tachycardia, postural dizziness, postural hypotension, peripheral edema, peripheral ischemia, syncope, edema, dependent edema; rare: precordial chest pain, substernal chest pain, aggravated hypertension, myocardial infarction, cardiovascular disorder. **Central and Peripheral Nervous System Disorders** – frequent: hypomania, hypomanic; infrequent: twitching, confusion, hyperkinesia, vertigo, ataxia, migraine, abnormal coordination, hyperreflexia, leg cramps, abnormal gait, myasthenia, hypokinesia; rare: dysphonia, coma, dyskinesia, hypomania, phosia, choreoathetosis, hyperreflexia. **Disorders of Skin and Appendages** – infrequent: pruritus, acne, urticaria, alopecia, dry skin, erythematous rash, photosensitivity reaction, maculopapular rash; rare: follicular rash, eczema, dermatitis, contact dermatitis, bullous eruption, hyperkeratosis, skin discoloration, pustular rash. **Endocrine Disorders** – rare: exophthalmos, gynaecomastia. **Gastrointestinal Disorders** – frequent: epigastric discomfort; infrequent: dysphagia, both sexes aggravated, eructation, esophagitis, gastroenteritis; rare: melena, glossitis, gum hyperplasia, hiccup, stomatitis, tenesmus, colitis, diverticulitis, fecal incontinence, gastritis, rectum hemorrhage, hemorrhagic gastric ulcer, proctitis, ulcerative stomatitis, tongue edema, tongue ulceration. **General** – frequent: back pain, asthma, malaise, weight increase, infrequent: fever, rigors, generalized edema; rare: face edema, ophthalmic stomatitis. **Head and Vestibular Disorders** – rare: hyperacusis, labyrinthine disorder. **Hematopoietic and Lymphatic** – rare: anemia, anterior chamber eye hemorrhage. **Liver and Biliary System Disorders** – rare: abnormal liver function. **Metabolic and Nutritional Disorders** – infrequent: thirst; rare: hypoglycemia, hypoglycemic reaction. **Musculoskeletal System Disorders** – frequent: myalgia; infrequent: arthralgia, dystonic, arthralgia, muscle cramps, muscle weakness. **Psychiatric Disorders** – frequent: yawning, other male sexual dysfunction, other female sexual dysfunction; infrequent: depression, anorexia, paranoia, bathing/dressing, emotional lability, apathy, abnormal dreams, euphoric, paranoid ideation, hallucination, aggressive reaction, aggravated depression, delirium; rare: withdrawal syndrome, suicide ideation, libido increased, somnolence, illusion. **Reproductive** – infrequent: menstrual disorder, dysmenorrhea, intermenstrual bleeding, vaginal hemorrhage, amenorrhea, leukorrhea; rare: female breast pain, menorrhagia, leukorrhea, breast enlargement, atrophic vaginitis, colic female menarche. **Respiratory System Disorders** – frequent: rhinitis; infrequent: coughing, dyspnea, upper respiratory tract infection, epistaxis, bronchospasm, sinusitis; rare: hyperventilation, hypoxypnea, snoring, apnea, bronchitis, hemoptysis, hyperventilation, laryngospasm, laryngitis. **Special Senses** – frequent: tinnitus; infrequent: conjunctivitis, earache, eye pain, abnormal accommodation; rare: xerophthalmia, photophobia, diplopia, abnormal lacrimation, scotoma, visual field defect. **Urinary System Disorders** – infrequent: micturition frequency, polyuria, urinary retention, dysuria, nocturia, urinary incontinence; rare: cystitis, oliguria, pyelonephritis, hematuria, renal pain, strangury. **Laboratory Tests:** Asymptomatic elevations in serum transaminases (SGOT [or AST] and SGPT [or ALT]) have been reported infrequently (approximately 0.8%). Hepatic enzyme elevations usually occurred within the first 1 to 9 weeks of treatment and promptly diminished upon drug discontinuation. ZOLOFT therapy was associated with small mean increases in total cholesterol (approximately 3%) and triglycerides (approximately 5%), and a small mean decrease in serum uric acid (approximately 7%) of no apparent clinical importance. The safety profile observed with ZOLOFT treatment in patients with major depressive disorder, OCD, panic disorder, PTSD, and social anxiety disorder is similar. **DRUG ABUSE AND DEPENDENCE: Controlled Substance Class** – ZOLOFT is not a controlled substance. Premarketing clinical experience with ZOLOFT did not reveal any tendency for a withdrawal syndrome or any drug-seeking behavior. Physicians, however, should carefully evaluate patients for history of drug abuse and observe them for signs of ZOLOFT misuse or abuse. **OVERDOSE:** Reports of death attributed to overdoses of ZOLOFT have been extremely rare. Any overdose should be treated aggressively by ensuring an adequate airway, oxygenation, and ventilation. Gastric lavage with appropriate airway protection, may be indicated. Induction of emesis is not recommended.

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By Kristi Holl

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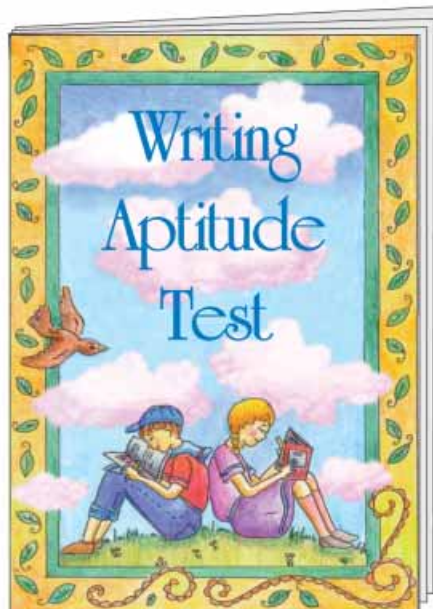
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Please see additional important product information on next page.

¹ IMS MAT/Feb./05 (MPFARI – Feb./05 database).



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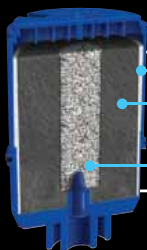




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wd dare to dream

by Marcia Wieder

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DARETODREAM

Continued

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your passion, create or clarify dreams, overcome fears and doubts and, most important, take the necessary steps to get what you want. With a dream coach's mindset, you will be empowered to think bigger. The journey of discovery is often half the fun of getting there.



Marcia Wieder

1 The dream coach process is as basic as C-B-A. Get *Clear* about what you want (often the hardest step) by writing ideas down on paper. *Believe* in yourself and your dreams, and *Act* on what you believe. This works for all kinds of dreams, whether you want to revamp the educational system in your school district or just need a new car. It's effective for personal dreams, such as spending more quality time with your family or getting fit, and professional dreams, like being paid well for doing what you love.

Successful dreamers ask great questions to explore and tap into their imagination. Write your answers to these: ● What would make me feel more passionate and fulfilled? ● How can I bring more of what I love into my everyday life? ● If I really believed in myself and my dreams, what would I do or change? ● If time and money weren't obstacles, and if I had the support of the people around me, what would I do?

Describe your dream in detail. _____

_____ **Go for it!**

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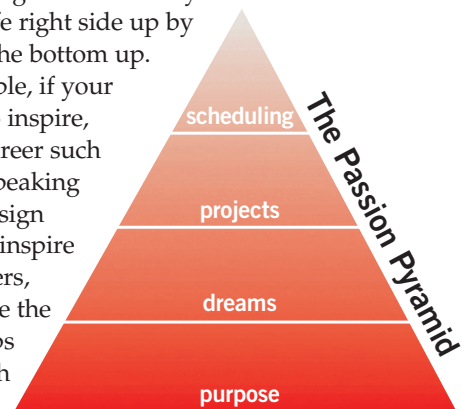
My gift or purpose is _____

3 Use passion as the barometer to assess your life. If there is something you don't have to do or don't want to do, consider quitting to make room for new dreams. In our culture of time urgency, we're always reacting to clocks and calendars. We leave ourselves little time for doing what truly makes us happy. Saying “No more” allows you to ask “Now what?” What would you love to quit? Is it a committee, a relationship or a bad habit or attitude?

This week, I quit _____!

4 The secret to living a fulfilling life is to schedule more of what you love into every day. The Passion Pyramid is designed to bring more passion into your life through your dreams. Most of us live from the top down. Asked to do something, you probably open your calendar to jam one more thing into an already overscheduled life. Turn your life right side up by living from the bottom up.

For example, if your purpose is to inspire, consider a career such as writing, speaking or acting. Design projects that inspire you and others, then schedule the required steps to accomplish them.



When you imagine yourself doing what you love, how do you feel? Rate your passion:

___ Red Hot ___ Very Excited ___ Interested
___ Lukewarm ___ Uninspired

SUSAN SEIBE

My dream is to pursue a writing career. *Judith Ashland, Coon Rapids, MN*

5 If you feel confused or indecisive, this exercise will help you regain clarity. Draw a line across the center of a piece of paper. On the top, write your dream in as much detail as possible. On the bottom, write out your reality, including your fears, doubts and concerns. Are you more committed to your dream or to your reality, i.e., your fear and doubt?

We often sabotage our dreams by imagining the worst and saying, "But what if...?" So every time you move toward your dream, you'll also move toward your fears, and most of us don't want to do that. Instead, we give up or never begin.

Sometimes there is no evidence that this is the right time to pursue your dream. But where are you looking? Don't look in your checkbook, the stock market or in the approval of others. The place to look is in your heart. Can you believe in something because it matters to you and demonstrate that by taking action to achieve it? This is where powerful breakthroughs occur.

Conquer Your Doubter

6 When you summon your "Dreamer" at different intervals along the path, you'll often run into its counterpart, your "Doubter." It tells you everything that might go wrong. Left unattended, this voice can disrupt or destroy your dreams. But turn the Doubter's voice down and it becomes the voice of the "Realist," who primarily wants to know where you're going to get the time and money.

Interview your Doubter. Capture its needs, insights and wisdom by completing these sentences. Do this each time you hit a new impasse.

"The way I sabotage (your name) _____'s dream is _____."

EXAMPLE: "The way I sabotage Jenny's dream is by having her doubt herself and quit."

"When I am running _____'s life, I _____."

EXAMPLE: "When I am running Jenny's life, I keep her too busy to focus on what's important."

"What I need from _____ is _____."

EXAMPLE: "What I need from Jenny is for her to have faith, to get help, to breathe."

7 The Doubter provides a list of obstacles, which either are limiting beliefs (an internal job) or require a plan (an external job). Some obstacles may be both, and they can be real or imagined.

The Dream Coach rule is wherever there's an obstacle, design a strategy to manage it. Make a list of your obstacles, and identify which ones are negative self-perceptions or beliefs and which require strategies.

EXAMPLE: Obstacles List

1. I don't know how.	belief	strategy
2. I'm afraid I will fail.	belief	
3. I don't have the money.		strategy
4. I'm too tired.	belief	strategy

Just (Don't) Do It

What personal habits stop you from being successful? Find the behavior that trips you up and design a practice to overcome it. For example, if you tend to have difficulty completing projects, practice staying focused for one hour a day on the task at hand until it's done, or until the hour is up. Structure allows for greater creativity. You'll be amazed at what this will develop.

"This week I will _____ to break my habit of _____."

EXAMPLES: quitting, over-committing, procrastinating

Are you aware of what typically gets in your way?

For most of us, it's having to do something we hate, we're not good at or that we have no idea how to tackle. When that task is essential to the success of your venture, ignoring the job or doing it badly could mean the difference between success and failure.

If your dream is to write a book, but you can't type or are computer-phobic, this doesn't have to stop you. Learn a new skill or hire someone. If you can't afford that, explore bartering. If you're branching out into a new area and lack knowledge or experience, educating yourself is essential. Does it make more sense to take a class or would it be faster and easier to find a mentor? Get creative and get going.

- Identify the block or area of concern.
- Decide if you are going to tackle it yourself.
- If not, find someone who can do it with or for you.
- Get back into action in the areas where you excel.

Please turn to page 78

Act on a WOW

A dream without a plan is a fantasy. **Action and accountability make it real. Commit to a WOW (Within One Week) action step. Use this Dream Bank Deposit Slip to make a written agreement with yourself.**

My dream is: _____
On _____ (date), the WOW (within one week)
step I will take is: _____
One person I will share my dream with is:



Win a Dream Week in Hawaii

Recharge your spirit while learning a powerful process for achieving any dream. Sponsored by *Woman's Day* and Marcia Wieder, America's Dream Coach®, one lucky reader will join Marcia for a seven-day Dream Retreat at the Maui Prince Hotel, November 2-8, 2005. You'll learn how to uncover your passion, clarify your heartfelt dreams and overcome obstacles. Includes: Dream Workshop, accommodations and round-trip airfare. Log on to www.womansday.com/dreams between August 2 and September 13 for your chance to win. No purchase necessary.



Dare to Dream! **Share Your Dreams with Woman's Day. Join our Dare to Dream Club online.** Post what you want to achieve and get advice from other members on the steps you need to take. For more information, go to www.womansday.com/dreams.

NEXTISSUE How to Find the Job of Your Dreams, Part 1

My dream is to travel the world. *Linda Chandler, Cincinnati*

Overcome obstacles (even time and money issues) by enrolling others into your vision. Master this skill and you'll accomplish bigger dreams with less effort. The steps include building rapport and value in what you're doing, and managing objections and negotiating. Your goal is to secure an agreement.

Making specific requests makes it easy for others to say yes. If someone says no, be courageous and ask why. Build a community of fellow big dreamers or join one that already exists by going to www.mydreamcircle.com.

Use this template to prepare to make clear requests.

- Where do I need help? _____
- Who am I going to ask? _____
- What am I going to say? _____

10 Life will rush in, systems will fall apart and you may have meltdowns. Being a big dreamer doesn't mean you won't have setbacks or disappointments. Quite the contrary. It's incredibly freeing to fail without considering yourself a failure. Rebound, and the sooner the better. Build an arsenal of winning behaviors and people you can reach out to in a pinch. There's nothing worse than feeling desperate and having no place to turn. Build a robust database of brilliant resources that you can access at any given moment.

WD

GIVEAWAY

To request Marcia Wieder's free e-book, *Marcia's Dream Moments: 52 Simple Ways to Get What You Want*, go to www.dreamcoach.com/ebook.





Gee...that one little hike made the whole trip! Till then, when I thought "spa" I thought "pampering." Seaweed wraps, even rose-petal baths. Hiking at dawn just didn't pop into mind. Imagine my face when I saw it on the agenda for our last morning! Susie and Karen were gung-ho, so there I was, scrambling up rocks (not great big rocks, but rocks nonetheless) before I'd even had my coffee. Hey, I not only made it...I loved it!

Because little things mean a lot. Depend® Underwear keeps its shape and smoothness because it's practically bunch-proof. For sleek Depend protection you can trust, whether you're being pampered...or put through your paces.



yourlooks



\$59

Designer clothes **without** celebrity-level prices

Time to celebrate! Designers are *finally* listening to what we really want—fashionable clothes at lower prices. A special hurrah for **BOB MACKIE**, **NICOLE MILLER** and **ISAAC MIZRAHI**. Not only do we love their clothes, we can actually afford to buy them *and* wear them every day. Now that's stylish!

Label Makers

BROWN SILK BLOUSE, \$59, brown tweed skirt, \$59, both **Bob Mackie Studio**; green suede kitten heels, Ann Taylor, \$108; printed scarf, Echo, \$75; green and gold beaded necklace, Liz Claiborne Jewelry, \$25.

OUTFIT TIP

Brown is as versatile as black, but much more flattering to most complexions.

PHOTOGRAPHS BY ERICKA McCONNELL

HAIR & MAKEUP: STACY BENEKE FOR R.J. BENNETT REPRESENTS AND LEA SIEGAL FOR ANYWAY PRODUCTIONS

OUTFIT TIP

A well-fitting pair of jeans is your best wardrobe staple. When you find a pair you love, buy two!



\$44

SHOP SMART

No matter where you're shopping or what you're buying, it's important to be a savvy shopper. Stacy London and Clinton Kelly, hosts of TLC's *What Not to Wear* and authors of *Dress Your Best*, give us the lowdown on bargain hunting.

IT'S A BARGAIN IF:

- It fits well and is your style.
- It has expensive-looking details, such as stitching, beading or a lining.
- You can wear it to work and to play in.

IT'S NOT A BARGAIN IF:

- You don't need it, no matter how much it was marked down.
- The fabric is overly shiny. Silk and satin are hard fabrics to mimic, so when they're cheap, they look it.
- You buy winter clothes as soon as they come out in fall. Wait until it gets a little cooler and retailers start marking down prices.

ABOUT THE CLOTHES

(This page, clockwise from top left) **SALMON TOP**, \$36, jeans, \$44, both Nicole by **Nicole Miller**; open-weave scarf, Coldwater Creek, \$35; topaz Colorado antique sun necklace, \$25, and moon necklace, \$32, both Estate by Monet.

BROWN TWEED JACKET WITH RIBBON AND BROOCH CLASP, \$139, brown tweed pleated skirt, \$59, camel sleeveless cowl-neck sweater, \$49, all **Bob Mackie Studio**; bag, Liz Claiborne Handbags, \$67; boots, Antonio Melani, \$159.

PLUM LACE-TRIMMED SWEATER, \$59, plum brocade skirt, \$59, both **Bob Mackie Studio**; bag, Villager, \$34; printed scarf, Echo, \$78.

BEADED SCOOP-NECK SWEATER, \$59, plum wool skirt, \$59, both **Bob Mackie Studio**; suede round-toe boots, **Isaac Mizrahi** for Target, \$34.99; earrings, Villager, \$16.



\$59

OUTFIT TIP

A belt and a pleated skirt are the elements that make this suit look like you spent a fortune on it.



\$59

OUTFIT TIP

A beaded sweater can be dressed down for lunch with a friend or dressed up for those upcoming holiday parties.



\$59

OUTFIT TIP

Tie a scarf onto your purse to add a splash of color.

OUTFIT TIP

A suede skirt is always a smart purchase because you can wear it in three seasons, and it's appropriate for day or night.

\$40

(This page, from left)

GREEN ARGYLE SWEATER, \$24.99, white oxford shirt, \$19.99, brown suede skirt, \$39.99, all **Isaac Mizrahi** for Target; bag, Payless, \$18.99; hinged cuff bracelet, Sears, \$20.

GREEN PEACOCK, \$39.99, floral shirt, \$17.99, check hunting pant, \$24.99, suede bag, \$34.99, all **Isaac Mizrahi** for Target.

\$40

OUTFIT TIP

A peacoat is a great investment piece that can carry you from fall right on into winter.



Oh, no!

I lost an inch to osteoporosis.
But now I'm fighting back
with Actonel.

After menopause, shrinking can be a sign of osteoporosis, the result of tiny fractures over time. With osteoporosis, bones can become weak, brittle, and more likely to fracture. But Actonel helps protect your bones. It won't get back your lost inch, but it will help fight fracture.

For more information, visit Actonel.com.

Ask your doctor if Actonel
is right for you.

Actonel is a prescription medication to treat and prevent postmenopausal osteoporosis. Some risk factors for osteoporosis include Caucasian or Asian race, family history, small frame or smoking.

You should not take Actonel if you have low blood calcium, have severe kidney disease, or cannot sit or stand for 30 minutes. Stop taking Actonel and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Side effects are generally mild or moderate and may include back or joint pain, stomach pain or upset, or constipation. Follow dosing instructions carefully.

Please see important information about Actonel on the following page.

Actonel.com
1-877-Actonel

Help fight fracture. **Actonel**
(risedronate sodium tablets)

ACTONEL® (risedronate sodium tablets)

Patient Information: ACTONEL® (AK-toh-nel) Tablets

ACTONEL (risedronate sodium tablets) 5 mg and

ACTONEL (risedronate sodium tablets) 35 mg for Osteoporosis

Read this information carefully before you start to use your medicine. Read the information you get every time you get more medicine. There may be new information. This information does not take the place of talking with your health care provider about your medical condition or your treatment. If you have any questions or are not sure about something, ask your health care provider or pharmacist.

What is the most important information I should know about ACTONEL?

ACTONEL may cause problems in your stomach and esophagus (the tube that connects the mouth and the stomach), such as trouble swallowing (dysphagia), heartburn (esophagitis), and ulcers (See "What are the Possible Side Effects of ACTONEL?").

You must follow the instructions exactly for ACTONEL to work and to lower the chance of serious side effects.

(See "How should I take ACTONEL?").

What is ACTONEL?

ACTONEL is a prescription medicine used:

- to prevent and treat osteoporosis in postmenopausal women (See "What is Osteoporosis?").
- to prevent and treat osteoporosis in men and women that is caused by treatment with steroid medicines such as prednisone.
- to treat Paget's disease of bone (osteitis deformans). The treatment for Paget's disease is very different than for osteoporosis and uses a different type of ACTONEL. This leaflet does not cover using ACTONEL for Paget's disease.

If you have Paget's disease, ask your health care provider how to use ACTONEL.

ACTONEL may reverse bone loss by stopping more loss of bone and increasing bone mass in most people who take it, even though they won't be able to see or feel a difference. ACTONEL helps lower the risk of breaking bones (fractures). Your health care provider may measure the thickness (density) of your bones or do other tests to check your progress.

See the end of this leaflet for information about osteoporosis.

Who should not take ACTONEL?

Do not take ACTONEL if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for 30 minutes
- have kidneys that work poorly
- have an allergy to ACTONEL. The active ingredient in ACTONEL is risedronate sodium. (See the end of this leaflet for a list of all the ingredients in ACTONEL.)

Tell your doctor before using ACTONEL if:

- you are pregnant or may become pregnant. We do not know if ACTONEL can harm your unborn child.
- you are breast-feeding or plan to breast-feed. We do not know if ACTONEL can pass through your milk and if it can harm your baby.
- you have kidney problems. ACTONEL may not be right for you.

How should I take ACTONEL?

The following instructions are for both ACTONEL 5-mg (daily) and ACTONEL 35-mg (Once-a-Week):

- Take ACTONEL first thing in the morning before you eat or drink anything except plain water.
- Take ACTONEL while you are sitting or standing up.
- Take ACTONEL with 6 to 8 ounces (about 1 cup) of plain water. Do **not** take it with any other drink besides plain water. Do not take it with coffee, tea, juice, milk, or other dairy drinks.
- Swallow ACTONEL whole. Do not chew the tablet or keep it in your mouth to melt or dissolve.
- After taking ACTONEL, you must wait at least 30 minutes **BEFORE**:
 - lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
 - eating or drinking anything except plain water.
 - you take vitamins, calcium, or antacids. Take vitamins, calcium, and antacids at a different time of the day from when you take ACTONEL.
- Keep taking ACTONEL for as long as your health care provider tells you.
- For ACTONEL to treat your osteoporosis or keep you from getting osteoporosis, you have to take it as often and in the way it is prescribed.
- Your health care provider may tell you to take calcium and vitamin D supplements and to exercise.

What is my ACTONEL schedule?

If your doctor has prescribed **ACTONEL 5-mg daily (a yellow tablet)**:

- Take 1 ACTONEL 5-mg tablet every day in the morning.
- If you forget to take your ACTONEL 5-mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 5-mg tablet the next morning and continue your usual schedule of 1 tablet a day. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 35-mg Once-a-Week (an orange tablet)**:

- Choose 1 day of the week that you will remember and that best fits your schedule to take your ACTONEL 35-mg. Every week, take 1 ACTONEL 35-mg tablet in the morning on your chosen day.
- If you forget to take your ACTONEL 35-mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 35-mg tablet the next morning and continue your usual schedule of 1 tablet on your chosen day of the week. Do **not** take 2 tablets on the same day.

What should I avoid while taking ACTONEL?

- Do not eat or drink anything except water before you take ACTONEL and for at least 30 minutes after you take it.
- Do not lie down for at least 30 minutes after you take ACTONEL.
- Foods and some vitamin supplements and medicines can stop your body from absorbing (using) ACTONEL. Therefore, do not take the following products at or near the time you take ACTONEL: food, milk, calcium supplements, or calcium-, aluminum-, or magnesium-containing medicines, such as antacids. (See "How should I take ACTONEL?").

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your health care provider right away if:

- **swallowing is difficult or painful**
- **you have chest pain**
- **you have very bad heartburn or it doesn't get better**

ACTONEL may cause:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach and esophagus (the tube that connects the mouth and the stomach)

For patients with osteoporosis, the overall occurrence of side effects with ACTONEL was similar to placebo (sugar pill) and most were either mild or moderate. The most common side effects with ACTONEL include back pain, joint pain, upset stomach, abdominal (stomach area) pain, constipation, diarrhea, gas, and headache. Tell your health care provider if you have pain or discomfort in your stomach or esophagus. Rarely, severe skin reactions may occur. Patients may get allergic reactions such as rash, hives, or in rare cases, swelling that can be of the face, lips, tongue, or throat, which may cause trouble breathing or swallowing.

These are not all the possible side effects of ACTONEL. You can ask your health care provider or pharmacist about other side effects. Any time you have a medical problem you think may be from ACTONEL, talk to your doctor.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body—your heart, brain, or skin, for example. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone. Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common, especially in older women. However, young people and men can develop osteoporosis, too. Osteoporosis can be prevented, and with proper therapy it can be treated.

How can osteoporosis affect me?

- You may not have any pain or other symptoms when osteoporosis begins.
- You are more likely to break (fracture) a bone especially if you fall because osteoporosis makes your bones weaker. You are most likely to break a bone in your back (spine), wrist, or hip.
- You may "shrink" (get shorter).
- You may get a "hump" (curve) in your back.
- You may have bad back pain that makes you stop some activities.

Who is at risk for osteoporosis?

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Asian

People who:

- are thin
- have family members with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone or other corticosteroids) for a long time

General information about ACTONEL:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ACTONEL for a condition for which it was not prescribed. Do not give ACTONEL to other people, even if they have the same symptoms you have. It may harm them.

What if I have other questions about ACTONEL?

This leaflet summarizes the most important information about ACTONEL for osteoporosis. If you have more questions about ACTONEL, ask your health care provider or pharmacist. They can give you information written for health care professionals. For more information, call 1-877-ACTONEL (toll-free) or visit our web site at www.actonel.com.

What are the ingredients of ACTONEL?

ACTONEL (active ingredient): risedronate sodium.

ACTONEL (inactive ingredients): crospovidone, ferric oxide red (35-mg tablets only), ferric oxide yellow, hydroxypropyl cellulose, hydroxypropyl methylcellulose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, silicon dioxide, and titanium dioxide.



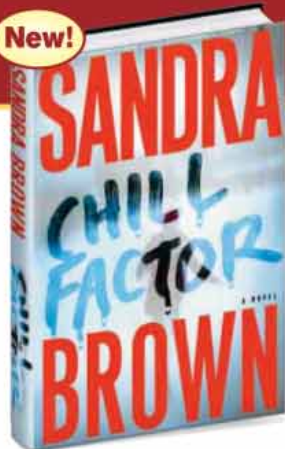
The Alliance for Better Bone Health

Aventis Pharmaceuticals

ACTONEL® is marketed by:
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Cincinnati, Ohio 45202
and
Aventis Pharmaceuticals Inc.
Kansas City, MO 64137

Indulge in the guilt-free

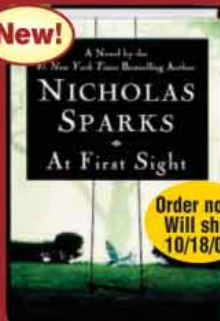
New!



Lilly's marriage to Dutch Burton, police chief of Cleary, North Carolina, has been passionate and turbulent. Now it's also over. As Lilly heads out of town, a blizzard forces her to take shelter in a remote cabin with handsome Ben Tierney, a man she met the previous summer. Knowing that a serial killer is on the loose, Lilly can't help worrying: is Ben the feared abductor... or her savior?

*0513 20¢

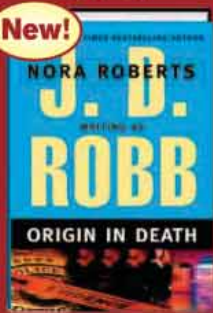
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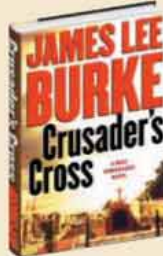
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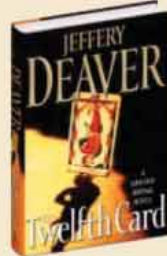
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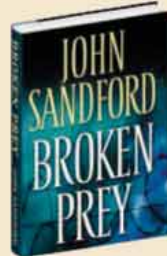
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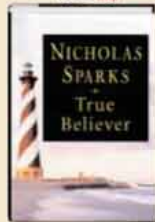
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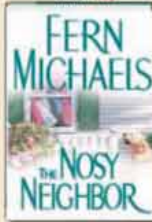
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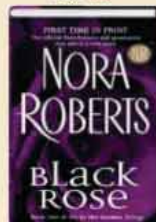
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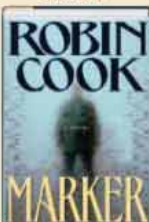
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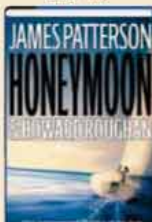
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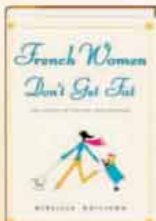
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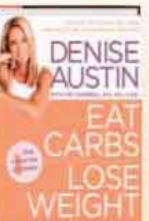
Diet/Health



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5900 20¢



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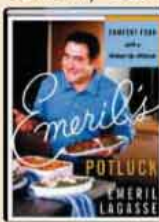


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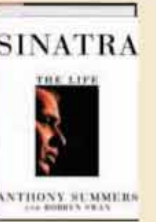


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Real Lives



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0414 20¢



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1602 20¢

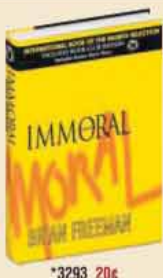
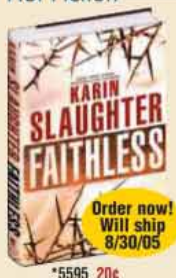
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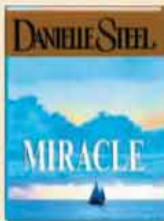
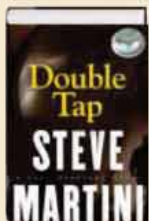
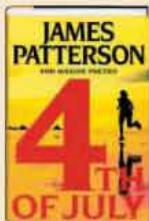
pleasure of reading



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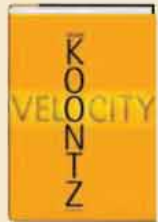
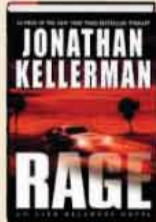
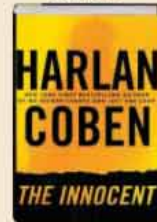
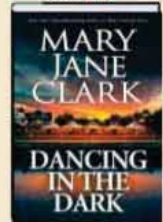
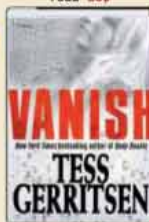
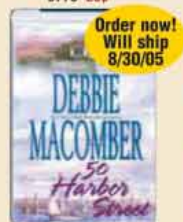


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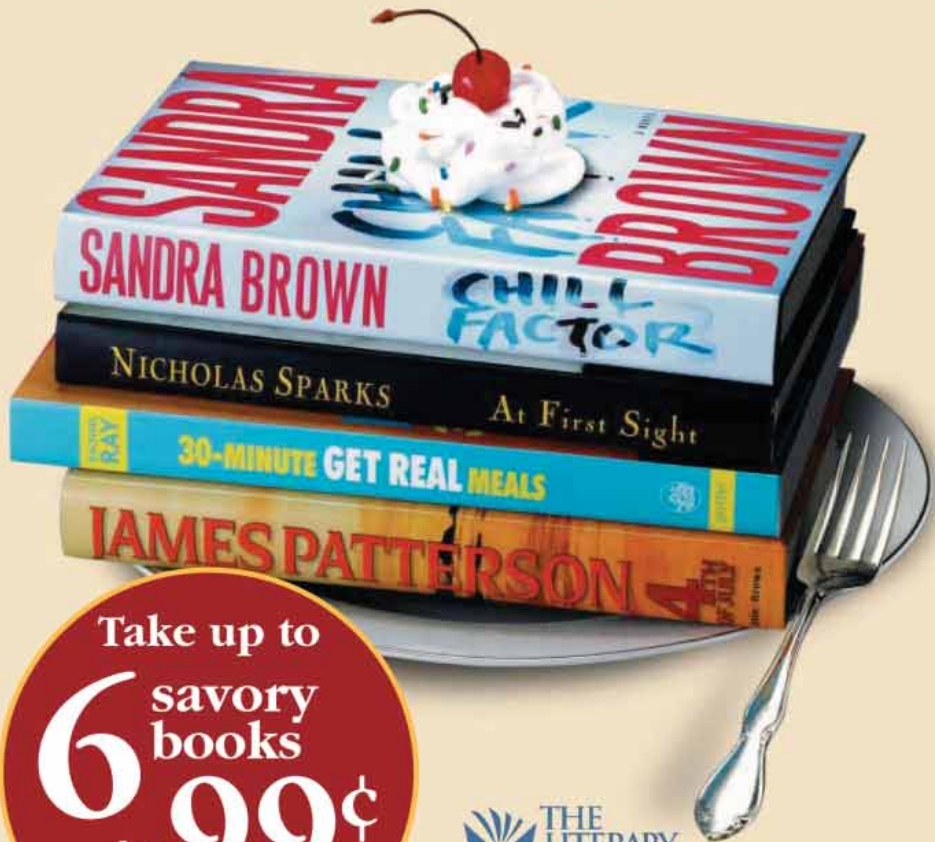
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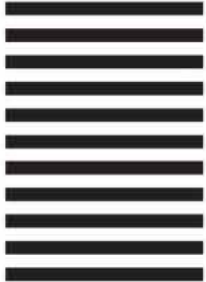
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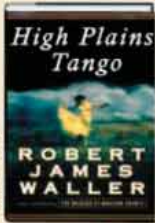




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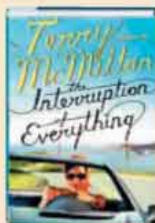
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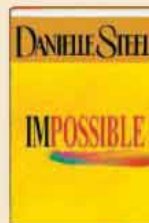
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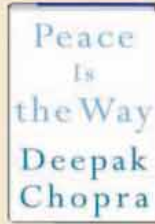
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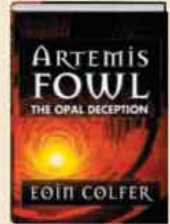
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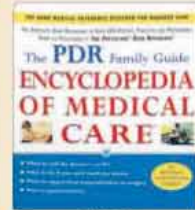
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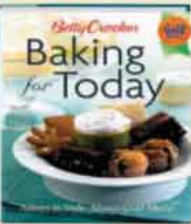
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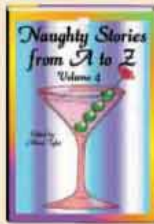
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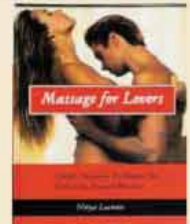
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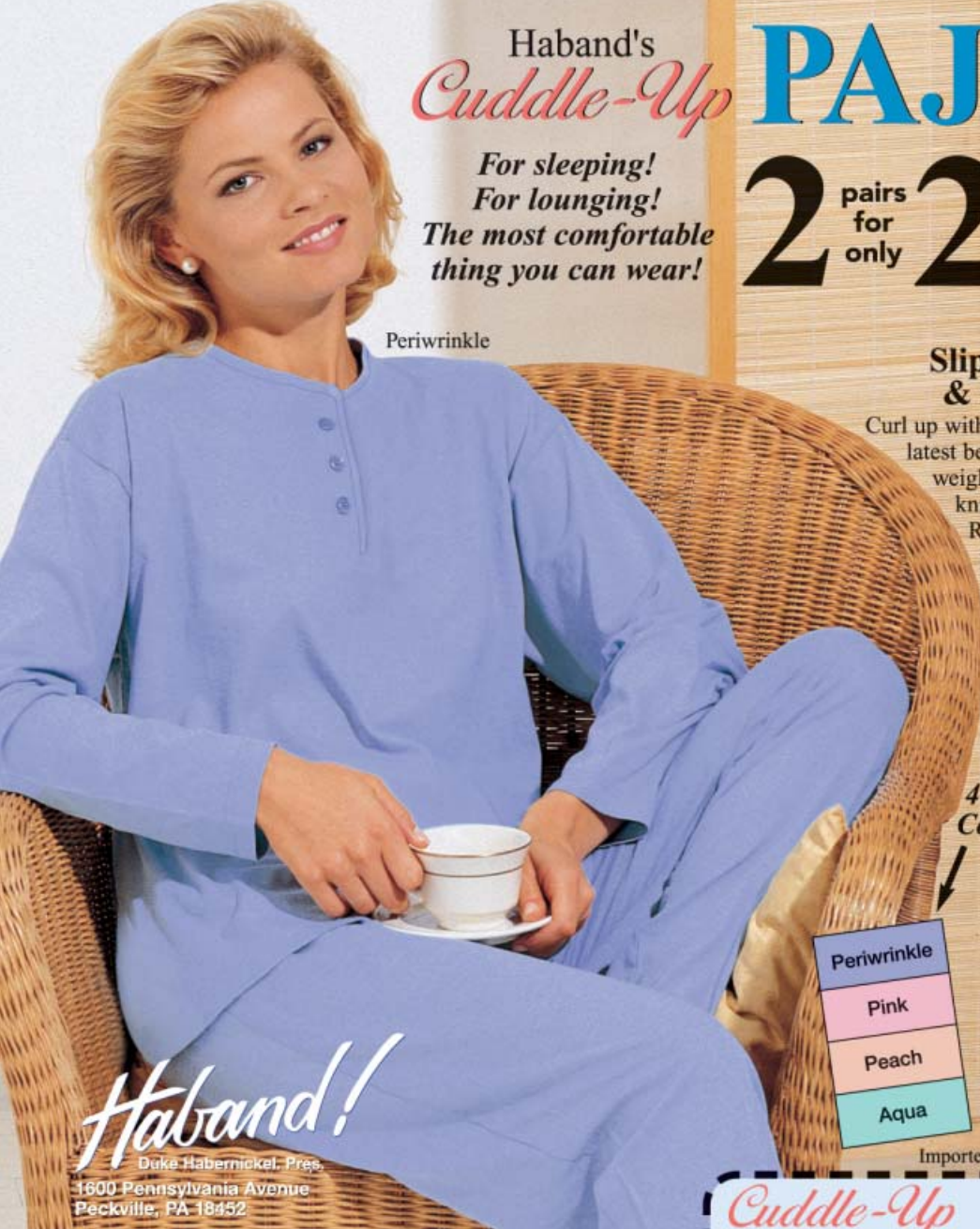
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Produced by Anne Louise Fritz

spa-licious

On a recent trip home, I went to Sun's Day Spa, a traditional Korean spa in Annandale, Virginia. After a soak in a bath, a full-body exfoliation, a mask and a massage, my skin glowed for weeks.

A few ideas you can replicate at home:

1. Use a body scrub to give yourself a full-body rubdown. I prefer **Sarah Michaels Exfoliating Sugar Scrub**, \$7.95.
2. For added intensity, wear **exfoliating gloves**, like these from **Sally Beauty Supply**, \$2.99.
3. Apply a cucumber mask. Try **Mario Badescu Cucumber Tonic Mask**, \$18.
4. While the mask is drying, soak in a tub with a skin-softening bath product, such as **Village Naturals Spa Nourishing Body Soak**, \$5.99.
5. Moisturize your body with a rich body cream. Try **Calgon Ahh...Spa! Tropics Whipped Body Soufflé**, \$4.99.



editor's pick

Make your shower an even more enjoyable experience with **Alberto VO5's** new line of fruit-scented shampoos (\$1.29 for 15 oz). With

delicious-sounding names like Sun-Kissed Raspberry and Free Me Freesia, you'll want to wash your hair twice a day.



nails for fall

The hottest nail polishes for fall are deep and rich with a touch of shimmer. One caveat: While these colors are stunning, they're not always the easiest to wear. "Keep nails short and square," says Donna Perillo, owner of the Sweet Lily Spa in New York City. "Otherwise, you run the risk of looking trashy."

Chanel Gold Shimmer, \$17



Essie Over the Knee, \$7



Revlon Plum Deluxe, \$4.79



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THE DOCTOR WEIGHS IN	"An all-in-one supplement or separate calcium, folic acid and zinc sulfate supplements are good insurance for healthier skin, but eating right is still your best bet," says Doris Day, M.D., author of <i>Forget the Facelift</i> .		



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Ready, Set, Save!

Three moms put the brakes on discretionary spending for a month

By Sally Stich

We all do it. We go from *mindful* spending when it comes to fixed expenses, such as paying the mortgage or utilities, to *mindless* spending when it comes to everything else. Maybe you go to the grocery store way more than you need to, or indulge yourself when you're having a bad day.

Three moms fessed up and agreed to the *WD* challenge: For one month, no spending beyond necessary bills. If something came up, they had to find a no-cost or low-cost alternative. Each woman kept a diary of her progress.

"I Hate to Cook" Sara Groth

FAST FACTS: Stay-at-home mother of two: Jake, 8, and Julia, 4. Husband: Paul.

WORST SPENDING HABITS:

Eating out four to five times a week and shopping out of boredom. "Because I'm a stay-at-home mom, I look for excuses to get out of the house," Sara says. "I like to shop and eat out because it's a change of scenery."



► **WEEK 1 Cutting back**

Despite her initial excitement, Sara feels deprived by the second day. "I was bored and wanted to go to Target just to browse," says Sara, 31, who lives in Brillion, Wisconsin. Instead, she immerses herself in a craft project and makes two birthday cards for relatives. Savings: \$6.

One of Sara's biggest challenges is making dinner. "We're used to eating at restaurants [at about \$20 a meal], and I don't really enjoy cooking that much," she says. Now, she mines the cupboards for meal ideas based on what's already in the house, but admits to feeling frustrated.

► **WEEK 2 More targeted shopping**

Early in the week, Sara makes a trip to Target, but only buys essentials: toilet paper, detergent, soap and cleaning supplies. Instead of spending the usual \$75, she pays only \$40. She notes that it's fun to see the tangible results of spending more carefully.

Midweek she makes a major grocery run, but again notices a difference: She's now shopping every nine to 10 days instead of the usual five to six. She makes a list before she shops and looks for sale items, saving \$45. Paul agrees to take over some of the cooking duties.

► **WEEK 3 Paying for dinner**

Jake's eighth birthday is this week, so the family goes out for dinner. "This was a very conscious decision," Sara says, "because birthdays are special." They pay cash at dinner instead of using a credit card, a major change in habits.

On a night when the freezer is empty, Sara makes breakfast for dinner—pancakes, eggs, hash browns and bacon. The kids help mix the pancake batter, and it's a great success. "You can almost always pull a meal together," Sara says.

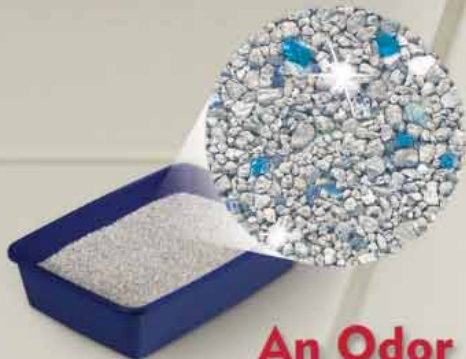
► **WEEK 4 Money found!**

This month of mindful spending is an eye-opener for Sara. "I realized how much I spend out of boredom." To deal with those feelings, she joins a crafts club and meets regularly with another stay-at-home mom for coffee.

THE BOTTOM LINE: The Groths saved almost \$500 this month just by preparing meals at home. Sara says she may never truly enjoy cooking, but she sure loved not having a big credit card bill this month.

Please turn to page 90

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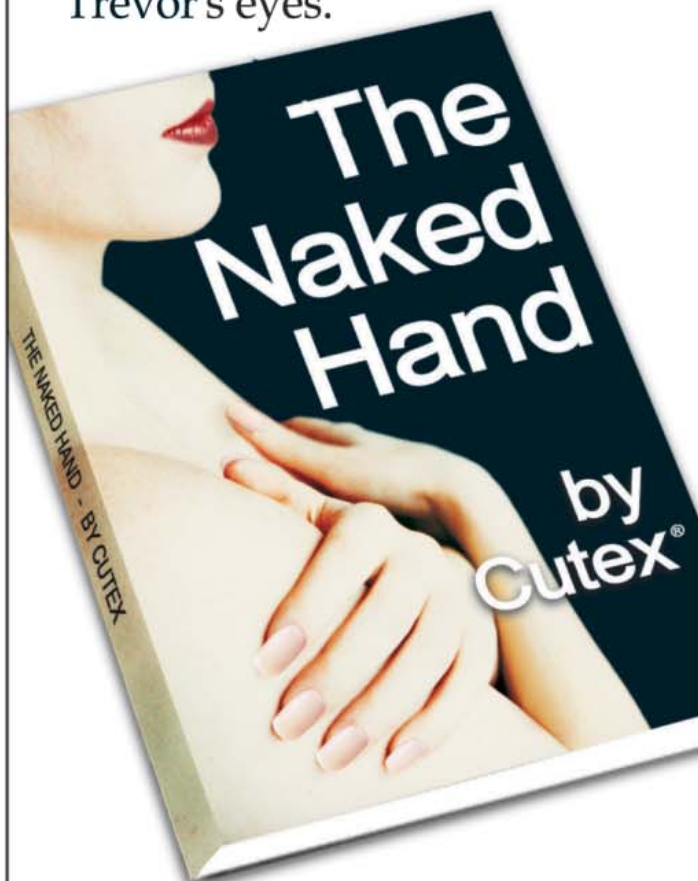


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READY, SET, SAVE!

Continued

“I Spend to Save Time” Suzanne Antone

FAST FACTS: Single mother of Sheena, 17, and Liana, 11. Owns her own consulting and training firm.

WORST SPENDING HABITS: Impulse spending on weekend entertainment. “My kids get invited out with friends and I’ll toss them each a 20,” she says. During the week, her biggest money-waster is buying prepared food because there’s no time to cook. “We live by the ‘money buys convenience’ theory of spending,” she says.

➤WEEK 1 Spending withdrawal

On the first day, Suzanne’s daughters are with their dad and this single mom needs a little TLC. “I really wanted to go to the movies,” she says. Instead, Suzanne, 50, who lives in Benicia, California, writes a long letter to a friend and saves \$15. Later, she takes a chocolate torte she received as a gift to a potluck.

As the week progresses, she asks each of the girls to cook one night a week. They not only agree, they even seem excited. They all take lunches from home. Suzanne

TIP “I only buy on credit what I can pay off each month.” *Beverly Victoria, Coraopolis, PA*

DO YOU (REALLY) NEED IT?

You don’t have to deprive yourself to become more careful about spending money, says financial coach **Tonya Hinch of New York City**. Try this:

1. Make a list of ways you spend mindlessly. (You buy a protein bar every afternoon from the vending machine.) Then find a less expensive way to accomplish that same thing. (Start buying protein bars in bulk and bring your own.)
2. Reconsider “fixed” costs in your budget. If you pay for premium cable but watch only basic channels, cut back.
3. Pay cash for everything for one month. Doling out cash is more mindful than charging expenses.
4. Collect receipts for every single expenditure. In a short amount of time, you’ll see exactly where you’re spending discretionary money.
5. Shop in your own house before spending. If you need a gift for a children’s birthday party, let your kids look in their closets for toys or games that have never been opened. If you need a hostess gift, regift that bottle of wine someone gave you a month ago.



brings tea bags to work rather than spending \$2 on coffee. Later, when Sheena mentions she needs a leotard for the upcoming school dance show, Suzanne suggests she borrow one from a friend or buy a used one at Goodwill. Sheena is not thrilled at the idea.

➤ **WEEK 2 A turning point**

When the girls complain that there's nothing to eat, Suzanne tells them to look a little harder, and they find frozen cookie dough in the freezer. "When you stop spending, you start to appreciate every 'free' snack that comes your way," Suzanne says.

While paying her monthly bills, Suzanne realizes how important saving money is to cover future expenses, both monthly contributions to the girls' college funds.

Sheena mentions that a friend will loan her a leotard, and Suzanne applauds her creativity.

➤ **WEEK 3 Money well spent**

On the night of Sheena's dance performance, Suzanne and Liana make a conscious decision to buy a rose and a congratulations balloon. "We wanted to honor Sheena's talent and hard work," the proud mom says.

Even with crazy schedules, she and the girls keep

cooking. One night Suzanne makes a pot of beef stew, using up potatoes and onions from the fridge. She adds some diced tomatoes left over from a previous meal. "It felt really good to use things up," she observes.

Sheena decides to spend her own money on a weekend night out, but vows to spend carefully.

➤ **WEEK 4 Paying it smart**

When Liana receives a catalog from one of her favorite stores, she is eager to buy some clothes. Suzanne encourages her to list and prioritize what she wants. She picks out \$300 worth of items that are on sale for \$140. With a 20 percent discount offer, she pays \$112. "I hope this helps her with a lifetime of decision-making," Suzanne says.

THE BOTTOM LINE: The family saved close to \$1,000 this month. "Spending money without thinking is often more convenient," Suzanne says. "But considering your choices is *always* a much smarter way to go." She adds, "We got through this because the three of us worked together so closely."

Please turn to page 92

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“We Deserve It” Lylla Childress

FAST FACTS: Mother of Natalie, 14. Husband: Tim. Works as a financial consultant.

WORST SPENDING HABITS: Buying to reward herself. “Because my husband and I both work and we aren’t in debt, I feel like we can have what we want,” she says. The family also eats out two to three times a week, and Lylla loves to buy clothes on sale, even when she doesn’t really need them.



➤**WEEK 1 Avoiding temptation**

Old habits die hard. “I drive by my favorite stores on the way home from work, and I have to stop myself from going shopping,” says Lylla, 43, who lives in Raleigh, North Carolina. She admits to making a few small purchases, but doesn’t spend as much as she would have in the past.

The toughest day is Friday, when the family normally orders a pizza and then goes out to a movie, usually spending about \$75. Instead, they make a pizza from the freezer and watch a DVD that’s been lying around.

➤**WEEK 2 Meet halfway**

Natalie is adamant that the family go out for the usual dinner and movie on Friday night. “Why do I have to do this experiment?” she asks. Lylla explains the family’s commitment to mindful spending, but decides to compromise—frozen pizza at home and a movie out just this once during the month. “We didn’t buy any candy or popcorn,” she adds.

On Sunday the family is tempted to go out for brunch, but Lylla cooks instead. She’s missing a few ingredients for muffins, so

she returns a few unnecessary items and uses the refund money for fresh milk and nuts, as well as a few more things for dinner.

➤**WEEK 3 Are we almost done?**

When Natalie is invited to a birthday party, mother and daughter hit Target. Instead of buying the usual \$30 gift, they commit to spending \$10 and find a Hilary Duff jacket on sale for \$6. They supplement that with four fun items from the dollar bin.

Spending more mindfully has made Tim and Lylla rethink their whole financial picture. “We had cash in a savings account that was accruing practically no interest, so we put it in a mutual fund,” she explains. “We also looked at everything that wasn’t working in our financial picture and starting making changes.”

➤**WEEK 4 The big payoff**

The couple almost spends more than \$1,000 on two couches that are on sale for an unbeatable price. “I really wanted them, but I decided to wait and think about it,” Lylla says. “When I got home and saw my perfectly good couches, I realized that I didn’t need new ones.”

THE BOTTOM LINE: The family saved \$1,500 this month. “This is the first month in ages that we’ve put money in savings and didn’t end up using it,” Lylla says.

The biggest lesson they learned this month: Don’t jump to buy something. While it may feel good in the short term to reward yourself, in the long run, having your financial house in order feels much better.

WD

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Free Up Your Weekends

Leave the daily grind—and the chores—behind by Vyvyan Lynn

I work at home as a professional writer and I still have no spare time. Rather than unwinding and relaxing with my family, I find that weekends are my only chance to go to the dry cleaner's, pick up the groceries and take care of all the other chores left over from the week.

But having *no* leisure time isn't acceptable to me anymore. Am I dreaming, or could there be a way to sit on the sofa and really enjoy why I work so hard during the week? What I *do* know is this: It's time for a change. And this is how I'm going to make it. I hope some of these suggestions will work for you, too.

MY NOT-TO-DO LIST

- 1** I won't constantly multitask. I won't worry about paying the electric bill while I'm helping with homework. I won't try to fit in six errands on the way to pick up my kids. I won't have three conversations at once—one on the phone, one with the kids and one in my head.
- 2** I don't have to dry the pots and pans.
- 3** I don't have to pay someone to watch my daughter while I clean. I'll pay someone to clean while I play with my daughter.
- 4** I don't always have to get an A on the white glove test.
- 5** I won't try to be superhuman. Low-priority items will just have to be ignored at times.

Please turn to page 96

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*per 8 fl. oz. serving, two servings per bottle. †bottle not available in all areas. ‡daily value. ©2005 KF Holdings.

FREE UP YOUR WEEKENDS

Continued

Conserve energy

Ditch some obligations. I'll put energy into things I want or need to do (such as having a picnic with my family) and not what I feel obligated to do (such as helping sell tickets for every school fundraiser).

Stop overscheduling. My time-management problems arise from trying to do too much. When confronted with a task that I don't feel fits my skills or overwhelms my already busy schedule, I'll recognize that I just can't do it and say, "No, thank you," even to myself.

Set boundaries. I won't take personal phone calls during normal business hours unless it's an emergency. I won't drop everything I'm doing because a neighbor decides to drop in for coffee. Once I allow a boundary to be broken, it will be harder to enforce next time.

Keep my eye on the Big Picture. Some mornings I feel guilty about rushing my children, but their missing the school bus adds an extra 30 miles to my morning. My Big Picture tells me that if I don't rush us out the door, then that missed work time will be taken out of our evenings or weekends together, so it's a necessary evil.

Organize what I have to do. I'll put all the jot-'em-downs (like notes taken while on the phone), monthly bills, my son's acting schedule—everything that's going on in my life—in one notebook, and put the date on each page. When the notebook is full, I'll label and file it for easy retrieval, and begin again.

USE THE WEB TO SAVE TIME

- 1 Steer clear of malls on the weekends.** Do most of your shopping online and have the big chains ship clothes and household items. A few of my favorites are Macy's (www.macys.com), Nordstrom (www.nordstrom.com) and Banana Republic (www.bananarepublic.com). Look for free shipping offers.
- 2 Skip unnecessary errands.** Avoid waiting in line by ordering stamps from the U.S. Postal Service's store (shop.usps.com). Bypass a drive to the card shop by using Hallmark e-cards (www.hallmark.com). Eliminate trips to the video rental store by subscribing to a DVD delivery service like Netflix (www.netflix.com), starting at \$9.99 a month, or Blockbuster (www.blockbuster.com), which costs about \$14.99 a month.
- 3 Cut back on incoming calls.** Sign up for the Federal Trade Commission's "National Do Not Call Registry" to block unsolicited phone calls to your home phone or cell (www.donotcall.gov).

Get Chores Done Faster

To free up our weekends, we need to get more done during the week.

Making a list rules. I often get distracted when an unexpected problem crops up, don't you? And I may forget to do important things unless they're written down. If you can't get it all done, see what you can give up.

Waste less time. Fill up your car's gas tank once a week instead of stopping several times for half tanks. And make a list of all your errands in the order in which they're located so you won't have to backtrack.

Get everyone on track. It helps to get the family accustomed to a set routine. For example, I'll try to get everyone to lay out their clothes for the next day the night before, along with anything that needs returning, including DVDs and library books. I'll try to get my kids to do their homework and will serve dinner at a set time every night.

Clean more efficiently. Schedule time for every cleaning job separately, and don't quit until you've finished it. I keep cleaning supplies on a belt or in a bucket nearby. By not procrastinating and doing little cleanups throughout the week, I won't have to spend the weekend cleaning.

Invest in proper tools. I've learned it wastes more time to make do with the wrong equipment (be it computer software or cleaning supplies) than to just buy what's needed to do the job most effectively. Case in point: Using hedge clippers instead of the cutters I had lying around the garage lets me clip hedges three times faster.

Plan a weekly menu. This way, you know exactly what you need to buy at the supermarket, which saves time and a lot of money. The menu should also include healthy eating-out options for nights when you'll be away from home.

Get a helping hand. Give older children index cards with their duties written out. Whatever chores I can't do or delegate, I'll hire someone to do for me. You can find errand services run by moms in many neighborhoods.

Get unplugged

Tune out. I'll have the Terminator shoot all the TVs. Or, for a less dramatic approach, I'll just turn them off.

Take time to reflect. I'll check in with my emotional self each night before going to sleep by putting my feelings about the day in a journal, or just going over them in my mind. If I yelled at my daughter for something when I should have counted to 10, I'll apologize to her and forgive myself, then make a mental note to do better tomorrow.

Schedule me-time. If you really want to reclaim your weekends, write it in your planner and stick to it. If I can't take off the whole weekend, I'll block out Saturday morning or Sunday afternoon for relaxation.

Survive tech withdrawal. I'll minimize external stimulation by unplugging the telephone, logging off the computer, turning off the radio and leaving the cell phone in the charger. Maybe I won't even check my messages. But what if the prize patrol calls? Ok, deep breath. They'll just have to reach me on Monday!

WD



Squeeze
something new
into your
morning.

Crystal Light®
Sunrise

NEW
Ruby Red Grapefruit

100% vitamin C*
good source of calcium
just 5 calories*



crystallight.com

*per 8 fl. oz. serving. †daily value. ©2005 KF Holdings.



**YOU CAN'T COUNT ON
THE LADIES LIKING THIS BEARD.**

**YOU CAN COUNT ON LIQUID-PLUMR®
TO CLEAR HAIRY CLOGS.**



The Plumr you can count on.

Found Money

I KNEW IT WAS TIME for my first yard sale when I realized I owned three dining room tables. It was a win-win situation: I got rid of stuff I didn't want, and other people were happy to get great deals on my treasures. I made \$600 that day and was hooked. These tricks help make it fun and profitable.

PLAN WELL

- Collect items all year long for your sale. When you come across something you no longer want, toss it in a box. Mark a price on it *before* it goes in the box.
- Find out if your neighborhood or local government has any restrictions on garage sales.
- Pick your weekend. The best day for a garage sale is Saturday. Communities often have subdivision-wide sales; having yours then can increase foot traffic.
- Pricing items takes longer than you think. Don't leave it until the last minute or you may be burning the midnight oil the night before.
- Set the opening time. Check other sales in your area and see what time they're starting. Allow enough time in the morning to set up.
- Start saving bags and newspapers to use as wrapping material a few weeks before the sale. Get some small boxes for people who are buying multiple items. It makes shopping easier if they have something to carry their items in.

SPREAD THE WORD

- E-mail friends, family and acquaintances about the sale. They can forward the information to others who might be interested.
- Place ads in local newspapers and circulars at least a week in advance. Be sure to include the date, time, address and key items you're selling.
- Make several large signs in neon colors with dark letters at least 3 inches tall. Put the words "Yard Sale," a direction arrow, the address and the time of the sale.

Mount them at nearby major intersections, surrounding corners and in front of the house. The bottom line: It's got to be large and clear enough to read from the driver's seat of a car. Be aware of laws for placement of signs.

- Good manners: Drive around and take down all the signs at the end of the sale.

SETUP

- Group like items together (e.g., toys, household, clothing, vintage). Or arrange by value.
- Hang clothes, if possible. They'll be easier to look through and will seem more attractive.
- Arrange as much as possible on tables. Bending down to sort through boxes on the ground puts people off.
- If you're selling electronics, have batteries, electrical sockets or a long heavy-duty extension cord nearby to show how things work. Include instruction manuals if you have them. Check the companies' web sites if you can't find them.
- Tie a ribbon around matching linens such as bath and hand towels, tablecloths and napkins. It makes them look more attractive and prevents people from trying to buy them separately. Mark the size and price per set.
- As things sell, fill in empty spots on tables to keep things looking appealing.

Please turn to page 102



teamwork

- Ask your friends to bring stuff for the sale. Sharing with friends and neighbors increases the network of people attending and the selection of merchandise.
- Use different-color tags to denote different owners of items in case there are any questions. It helps when you tally up the cash, too.
- At the very least, invite a friend or family member to come over to collect cash while you're answering questions or cover for you if you need to take a break.

WebWatch

Go to www.yardsalequeen.com to get tips on both selling and buying at yard sales.

use it, then reuse it

SEWING HELP Save the leftover clean chopsticks from Asian restaurants. They make a wonderful tool to push out a corner or round off a seam while sewing or quilting. *Rita Sampson, Chesapeake, VA*

**THE RICHNESS OF NATURE
THE BRILLIANCE OF
HANDMADE GLASS**



Ripe, delicious apples. A delight of nature to please the palate. Now pleasing the eye as well, as an art glass sculpture by Lenox.

Orchard Glory portrays the apple in a tasty shade of crispy red, with a deep green stem and leaf. The luscious colors are achieved by layering the vividly colored glass into the sparkling, clear shape of the apple. Because of the intricate handwork, no two sculptures are exactly alike.

This sparkling art glass sculpture will bring a touch of the apple orchard to any room in your home. And the price is just \$14.95—an exceptional value for hand-layered glass. Each imported sculpture will bear the Lenox® hallmark, and be issued with a Certificate of Authenticity.

To acquire *Orchard Glory*—for yourself or as a gift—complete and mail your Order Form today. No payment is required now, and Lenox guarantees your full satisfaction.

www.Lenox.com SEARCH 401871

**EXCEPTIONAL VALUE
AT \$14.95**

LENOX

Gifts That Celebrate Life®



Sculpture shown smaller than actual size. Height: 3"

Orchard Glory

Woodland Jewels



Symbolizing longevity, endurance, security...the turtle has held a place of honor in cultures around the globe. Now this paragon of patience shines as a jeweled sculpture by the artists of Lenox.

This charming sculpture of an ambling turtle in ivory fine china displays an opulent shell of bas-relief scrolls accented with 24 karat gold. Gem-cut crystals—33 in all—add sparkle. And the face—with its gentle expression—is painted by hand.

This turtle with its sparkling personality will brighten any room of your home. The price is just \$45, payable in monthly installments. Each imported sculpture will bear the Lenox® hallmark. To order, complete and mail the Order Form today.



www.Lenox.com SEARCH 099175 © LENOX, Inc. 2005

LENOX

Gifts That Celebrate Life®



Sculpture shown smaller than actual size. Length: 4 1/4"

**A gem among turtles in ivory fine china,
hand set with 33 gem-cut crystals.**

Order Form • Mail by September 30, 2005

Orchard Glory

I wish to order ____ (qty.) *Orchard Glory* art glass sculpture(s), an original design by Lenox.

I need send no money now. I will be billed just \$14.95* for each sculpture ordered.

Signature _____ Tel. (____) _____

ALL ORDERS ARE SUBJECT TO ACCEPTANCE

Name _____

PLEASE PRINT CLEARLY

Address _____

City _____ State _____ Zip _____

*Plus \$4.25 per sculpture for shipping. Your sales tax will be added. 53716180

Mail to: Lenox • P.O. Box 3020 • Langhorne, PA 19047-9120

Order Form • Mail by September 30, 2005

Woodland Jewels

I wish to order *Woodland Jewels* by Lenox, to be crafted of ivory fine china, accented with 24 karat gold, and set with gem-cut crystals. I need send no money now. I will be billed for my sculpture in three monthly installments of \$15* each.

Signature _____ Tel. (____) _____

ALL ORDERS ARE SUBJECT TO ACCEPTANCE

Name _____

PLEASE PRINT CLEARLY

Address _____

City _____ State _____ Zip _____

*Plus \$5.25 per sculpture for shipping. Your sales tax will be added. 53749140

Mail to: Lenox • P.O. Box 3020 • Langhorne, PA 19047-9120

FREE
Personalization

Mother's Little Gems Pendant

To a mother, each child is a precious jewel. Her love for each child is the same, yet different. Now, the artists of Lenox have created an heirloom-quality pendant, reflecting a mother's special affection for her children.

Genuine gemstones

The *Mother's Little Gems Pendant* is an open heart of solid sterling silver designed to be personalized with genuine birthstones—diamonds, sapphires, rubies and more—representing the months of the year. The mother's birthstone will be mounted at the top of the pendant, and the children's birthstones will be suspended from the heart.

For yourself or a special mother

The *Mother's Little Gems Pendant* is available direct from Lenox at \$95, payable in convenient monthly installments. A Certificate of Authenticity and 20" matching chain with lobster clasp will accompany the sterling silver birthstone pendant.



Pendant and gems shown actual size: (left to right) amethyst, diamond in an "illusion" setting, and blue topaz.

JAN/Garnet



JUL/Ruby



FEB/Amethyst



AUG/Peridot



MAR/Aquamarine



SEP/Sapphire



APR/Diamond (illusion setting)



OCT/Cabochon Opal



MAY/Emerald



NOV/Blue Topaz



JUN/Cultured Pearl



DEC/Cabochon Turquoise



Birthstones shown larger than actual size.

LENOX
Gifts That Celebrate Life®



Shown larger than actual size.

A heart of solid sterling silver personalized with the birthstones of you and your children

Order Form • Mail by September 30, 2005

I wish to order the *Mother's Little Gems Pendant*, crafted of solid sterling silver and hand set with the birthstones for the months indicated below.

I need send no money now. I will be billed for my pendant in five monthly installments of \$19* each.

Personalization instructions: Print the three-letter month abbreviations in the grids below.

Mother's birth month:

--	--	--

Children's birth months: (Stones will be set left to right. Limit 6.)

1.		2.		3.	
4.		5.		6.	

Signature _____ ALL ORDERS ARE SUBJECT TO ACCEPTANCE

Name _____ PLEASE PRINT CLEARLY

Address _____

City _____ State _____ Zip _____ S3749934

Tel. (____) _____ E-mail _____

* Plus \$6.50 per pendant for shipping. Your sales tax will be added.

Mail to: Lenox

P.O. Box 3020 • Langhorne, PA 19047-9120

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www.Lenox.com SEARCH 087742

FOUND MONEY

Continued

PERFECT PRICING

- Clearly mark everything with a price. If there isn't a price, people often won't ask.
- Price items at least 70 percent below the original price. People always want to bargain, so be ready to take an additional 10 to 20 percent off the marked price. Remember, you don't want this stuff anyway, so anything you make is gravy.
- If something is damaged, mark it as such. Label "as is" if you're unsure how well an item works.
- To help speed up the sale of smaller items, offer volume discounts—for example, seven for a dollar, or buy three, get one free.
- Stock up on small bills and coins. Get at least \$30 worth of ones and fives and \$20 worth of coins.

SMART STRATEGIES

- Keep your house locked during the sale and have the keys with you.
- Put large, high-interest items such as furniture or antiques on the front lawn or the side of your driveway so they can be seen from the road.
- Clean everything. Items in good condition sell faster.
- Create an atmosphere. Play easy-listening music in the background so shoppers linger longer. If it's a hot day, set up a large tub filled with soda for sale. **WD**

You Tipped Us!

CLOTHES FOR CASH If you want to sell clothes, take nicer things to a consignment store. You'll get better prices. Most people won't pay a lot at yard sales since they can't try the stuff on and see how they look. *Jane Johnston, Chicago*

If yard sales aren't your thing, **try** a consignment shop...

FIND THE RIGHT ONE

- First, see how merchandise is displayed and if they sell items similar to yours. Check the prices; they'll sell yours for around the same.
- Ask what percentage of the sale you'll be getting and how long the consignment period is.

TAKE IN YOUR STUFF

- Make sure everything is clean and in good repair. You might want to dry-clean suits and dresses.
- Go over what you're turning in with the owner to confirm that it's in good condition. This heads off any later claims that something was damaged when you turned it in. Get a receipt for everything.
- Find out what prices they're going to charge for your items.

UNDERSTAND THE TERMS

- Get a written contract, signed by the owner, that spells out the payment schedule, any extra fees, responsibility for lost or stolen items, and display of merchandise.
- Make sure the store has fire and theft insurance, especially if you're selling something valuable like jewelry or antiques.
- Keep a record of what you consign in a safe place. Note when your selling period ends. If you don't hear from the store, call before your time ends.
- Get a receipt showing what was sold and how much you received for it.

eBay...

FIRST THINGS FIRST

- Check the market value of your item. Look for auctions of similar items and see what they sell for.
- Take a clear photo in good lighting against a white background.
- The write-up should be descriptive enough to attract a seller and detailed enough to be picked out by eBay's search engine. Include details such as brand name, material, color or finish, condition, measurements, original price and how long you've owned the item. Be honest about any flaws.
- Firm up shipping and handling costs so you can include shipping charges in the listing.

SMART SELLING

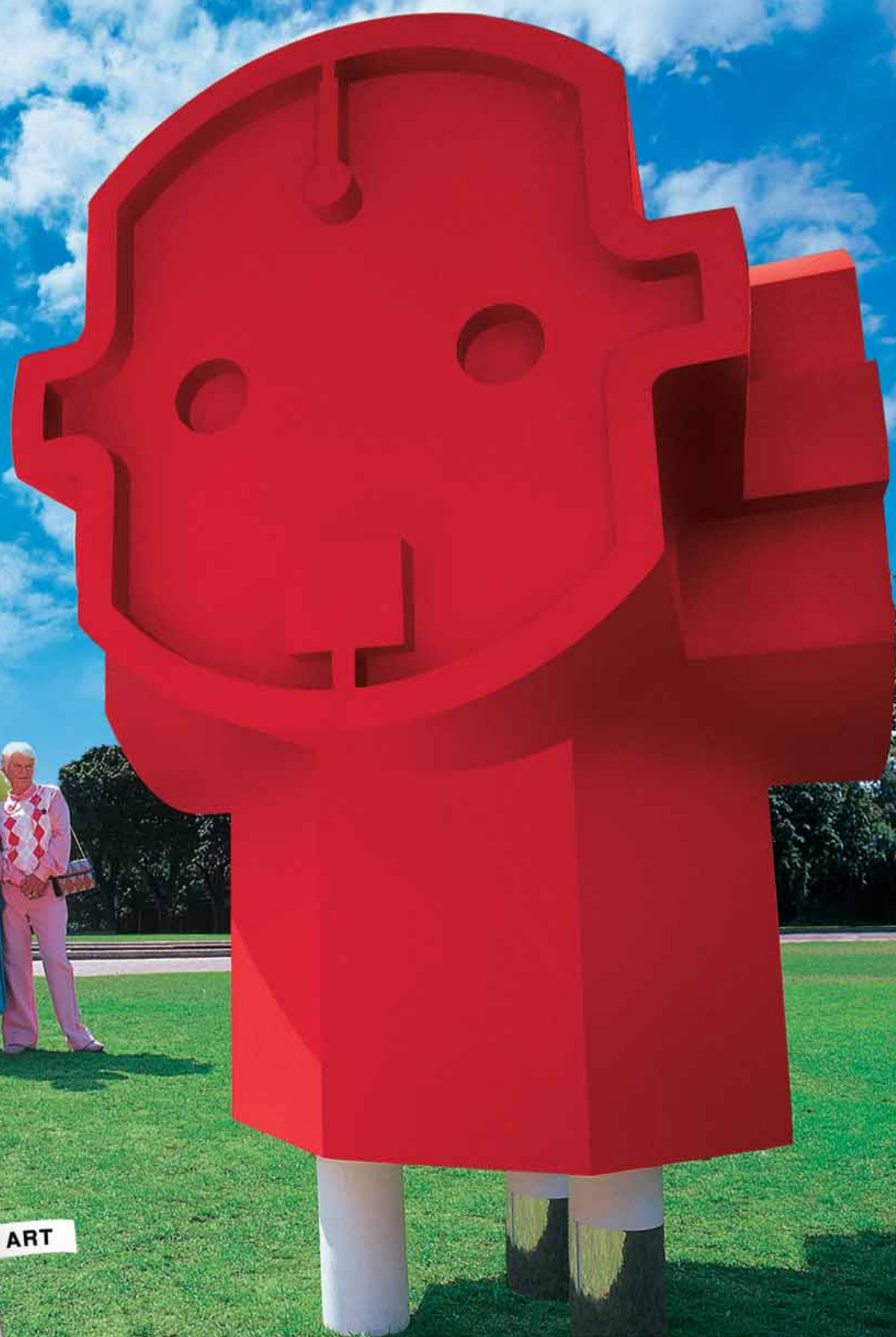
- Start the bidding low. If you're worried about underselling yourself, set a reasonable "reserve" price.
- Offer several payment options, such as money order or PayPal.
- If you have questions about a buyer, check his feedback rating to see how other sellers rated him.
- When a buyer asks a question about the item, respond quickly and honestly. If you establish a rapport, he's more likely to buy.

AFTER THE SALE

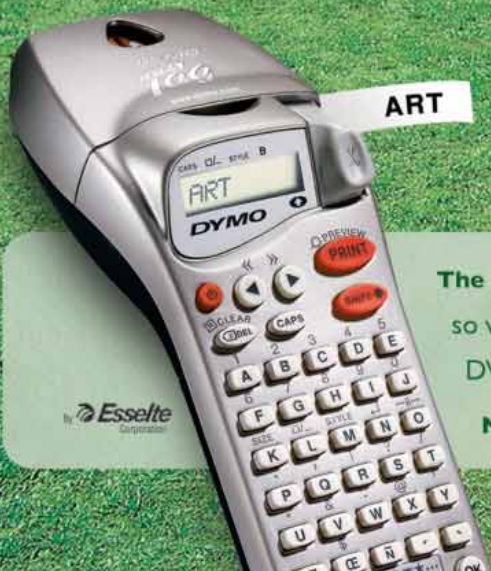
- When shipping the item, use lots of packing material and sturdy boxes. Establish what will happen if something is broken. A nice gesture: E-mail the buyer to tell him the product is on the way.
- Keep a record of the transaction. File away any e-mail correspondence and the final copy of the auction page in case there's a dispute.



*It's fast.
Maybe too fast.*



ART



Esselte Corporation

The **DYMO LetraTag**® quickly and easily labels virtually anything, and amazingly does so with no ink or toner. So whether you need to label folders, boxes, clothes, CD's, DVD's or even large red pieces of art, you'll always have the solution well in hand.

NO MATTER WHAT IT IS, YOU'LL KNOW WHAT IT IS. 

Available at Target

In the Loop

Grab some yarn and find out what all the fun is about

in stitches

Chunky-weight yarn knits up into toasty, just-right-for-fall roll-neck sweaters with contrasting-color monograms. Make one for your favorite guy too.

STYLING: ANTONIO VEGA. HAIR & MAKEUP: SARA JOHNSON. YARN: CARON AND BROWN SHEEP

PHOTOGRAPHS BY MICHAEL WESCHLER

Hollywood's knit stylist Suss Cousins is seeing stars

Knitwear designer Suss Cousins' L.A. shop is practically a planetarium, what with all the stars. Pop in and you might bump into Julia Roberts buying yarn. Sandra Bullock has taken classes there. Julianne Moore wears Cousins' ready-made pieces. In addition, Cousins, whose designs you see on these pages, has authored two how-to-knit books. Her first, *Hollywood Knits*, was inspired by the 250 sweaters and scarves she designed for the residents of Whoville in *How the Grinch Stole Christmas*. The sweaters on the previous page and the purse, *opposite*, are from her latest, *Hollywood Knits Style*.



wrap star

In shades of turquoise, yellow, chocolate and coral, a fringed Bohemian scarf warms up a monochromatic outfit.



new again

Close your eyes and you can picture flappers in sepia-toned photographs from the '20s and '30s wearing caps like this. A jaunty flower on the side sets off this vintage redux.

YARN: SUSS YARNS (scarf); CARON (cap)



Knit-Out & Crochet 2005

When the Craft Yarn Council of America sponsored its first Knit-Out & Crochet in New York City in 1998, almost 1,000 people showed up. In a sign of the hobby's skyrocketing popularity since, last fall's event drew more than 30,000. This September and October, around 30 cities will host Knit-Outs, which offer free lessons, advice on knitting or crochet problems, scarf contests and fashion shows (even one for dogs in New York). To find the date and location of a Knit-Out near you, log on to www.knit-out.com.

the latest thing

Celebrities are rushing to buy Suss Cousins' ready-made version of this wrap, a wide scarf with sleeves. A mohair sport-weight yarn makes it warm but not bulky.

in the bag

Whip up this funky purse in no time using thick wool on big needles. We used bamboo handles and lined it with Dupioni silk for a touch of elegance. Give it some street glam by pinning on a sparkly brooch. WD



PRESENTS

To The Rescue!

Don't Let Stains Stop You
In Your Tracks

Ever find yourself with an
embarrassing clothes stain at
the worst possible moment?



“Yes! We were taking our three kids to grandma’s house when my youngest daughter dribbled grape juice all over her Sunday best. We tried to improvise stain removal in a rest stop bathroom, but we ended up just spreading the stain and making it worse. To avoid the inevitable disapproving looks from my mother-in-law, we stopped at a department store to buy her a brand new outfit!”

— Barbara G., Denver, CO

It's Tide. To the Rescue.

With new Tide® To Go™ Instant Stain Remover you won't have to worry about finding creative solutions to on-the-go stains. Whether you're on the road, in the park with the kids or out to dinner with friends, this portable stain removal pen will instantly remove fresh food and drink stains when and where they happen.



www.TideToGo.com

IN THE LOOP

Shown on pages 105–107

Vintage Cap

SIZE: Fits 21"–22½" head.

YARNS: Caron Simply Soft Bouclé (3-oz/100-g/38-yd acrylic/polyester ¾"-wide bouclé), 1 ball 5003 Bone (MC); and Caron Feathers (1.76-oz/50-g/70-yd acrylic/nylon sportweight), 1 ball 18 Wren (CC). **Crochet hook:** Size I (5.5 mm), or size that gives you the correct gauge. **Notions:** 5 Swarovski crystal 6mm topaz bicone beads; sewing needle; thread.

GAUGE: 11 sts = 4" in (dc, ch-1) pattern.

CAP: Starting at top, with A, ch 6; sl st in first ch to form ring. **Rnd 1 (right side):** Ch 4 (counts as 1 dc and 1 ch), (dc in ring, ch 1) 11 times, join with sl st in 3rd ch of ch 4 (12 dc and ch-1 sps). Do not turn; all rnds are worked from right side.

Rnd 2: Sl st in first ch-1 sp, ch 4, dc in same sp, ch 1, * (dc, ch 1) twice in next ch-1 sp; repeat from * around; join in 3rd ch of ch 4 (24 dc and ch-1 sps).

Rnd 3: Sl st in first ch-1 sp, ch 4, (dc, ch 1) in same sp, (dc, ch 1) in each of next 3 sp, * (dc, ch 1) twice in next sp, (dc, ch 1) in each of next 4 sp; repeat from * around; join in 3rd ch of ch 4 (29 dc and ch-1 sps). **Rnds 4–7:** Sl st in first ch-1 sp, ch 4, (dc, ch 1) in next ch-1 sp and each ch-1 sp around; join as before (29 dc and ch-1 sp). Fasten off after Rnd 7, or at desired length.

FLOWER: With MC, ch 4; sl st in first ch to form ring. **Rnd 1:** Ch 3, work 14 dc in ring (rnd is tight); sl st in top of ch 3. Fasten off. **Rnd 2:** Join CC in first dc, (ch 5, sk 2 sts, sc in next st) 5 times (5 lps), ending in top of ch 3. **Rnd 3:** Work 7 sc in each ch-5 lp around. **Rnd 4:** Working behind Rnd 3, sc in next free st on Rnd 1, (ch 7, sc in center of next ch-5 sp on Rnd 1) 4 times, ch 7, sl st in first sc (5 lps). **Rnd 5:** Work 9 sc in each ch-7 lp; join in first sc. Fasten off. **FINISHING:** Sew beads scattered on MC center of flower. Sew flower to second row from lower edge of cap.

Funky Purse

SIZE: About 7" H x 15" W.

YARN: Patons Pooch (2.4-oz/70-g/36-yd acrylic/wool/nylon bulky weight), 4 balls color 65530. **Knitting needles:** Size 11 (8mm), or size that gives you the correct gauge. **Notions:** Yarn needle; 2 bamboo 6"-diam rings; 15" x 17" lining fabric (Dupioni silk); sewing needle; thread.

GAUGE: 11 sts = 4".

PURSE: Cast on 41 sts. Work in stockinette st until piece measures 18" from beg; end with a p row. Bind off.

FINISHING: Fold piece in half, wrong (p) side out with 15" edges tog. With yarn needle and yarn, beg at fold, seam each side for 4" using backstitch. Turn right side out. **Handles:** Roll and pin cast-on edge tightly around one ring, k side out; sew in place with yarn. Attach bound-off edge to 2nd ring. **Lining:** Fold fabric in half wrong side out, with 15" edges tog. With needle and thread, beg at fold, make 4" seam on each side. Do not turn right side out. Insert in purse. Turning raw edges under, sew in place to open sides and across top, covering hemline and gathering as needed at handles.

Bohemian Scarf

SIZE: About 5" x 7".

YARNS: 1 skein each Suss yarns: Candy (1.5-oz/50-g/47-yd mohair/ rayon/ polyester lightweight), Kansas Sunflower (A); Coolwater (2-oz/56-g/90-yd wool/acrylic sportweight), Turquoise (B); Bunny (2-oz/112-yd polyamide lightweight), Chocolate (C); Cotton (4-oz/113-g/187-yd cotton sportweight), Coral (D); **Crochet hook:** Size G (4mm), or size that gives you the correct gauge.

GAUGE: 18 sts in dc, ch-1 pat = 4".

SCARF: (Note: All rows are worked from right side. Leave an 8" tail for fringe at beg and end of each row.) With A, leave 8" tail for fringe, make loop on hook, ch 336. **Row 1 (right side):** Dc in 6th ch from hook, * ch 1, skip 1 ch, dc in next ch; repeat from * across (167 dc; ch 5 at beg counts as 1 dc and ch-1 sp). Fasten off, leaving 8" tail. **Row 2:** Join B in 4th ch of ch 5 at beg of row, * ch 2, sc in first ch-1 sp, (ch 1, sc in next ch-1 sp) across, sc in last dc. Fasten off. **Row 3:** Join C in ch at beg of row, ch 4, dc in first ch-1 sp, (ch 1, dc in next ch-1 sp) across; dc in last sc. Fasten off. **Row 4:** Join D in 3rd ch of ch 4, ch 4, dc in first ch-1 sp, (ch 1, dc in next ch-1 sp) across, dc in last dc. Fasten off. **Row 5:** Join D in 3rd ch of ch 4, ch 4, skip 1 dc, (dc in next ch-1 sp, ch 1) across, end skip 1 dc, dc in last dc. **Row 6:** Repeat Row 4. **Row 7:** With A, repeat Row 5. **Row 8:** Join B in 3rd ch of ch-4; repeat Row 2 from * across. **Row 9:** Repeat Row 3. **Rows 10 and 11:** Repeat Rows 4 and 5. **Row 12:** Repeat Row 8. **Edging:** Right side facing you, join B in right-hand corner of foundation ch on opposite long edge, leaving fringe; ch 2, sc in next ch-1 sp, (ch 1, sc in next ch-1 sp) across foundation ch. Fasten off.

Please turn to page 110



Coffee? Tea? Turbulence?

Remove stains instantly when you're on the go. It's Tide. To the rescue.

The responsible adult in you will want to read the bag.



IN THE LOOP

Continued

His and Hers Monogrammed Sweater

SIZES: S (M-L). Finished measurements: Chest: 44" (46"-48").

YARN: Brown Sheep Lamb's Pride (4-oz/113-g/125-yd wool/mohair chunky weight), 8 skeins M-01 Sandy Heather (MC). Brown Sheep Nature Spun (fingering-weight wool), small amount for optional monogram, 114 Storm (CC). **Knitting needles:** Sizes 9 and 11 (5.5mm and 8mm), or size that gives you the correct gauge. **Notions:** Tapestry needle and tissue paper for monogram.

GAUGE: 12 sts and 17 rows = 4".

BACK: (Note: Back is longer than front to give room for upper body and shoulders.) With larger needles and MC, cast on 60 (64-66) sts. Work 8 rows stockinette st for rolled edge. **K 2, p 2 ribbing:** **Row 1:** (K 2, p 2) across. **Row 2:** K the k sts and p the p sts as they face you. Repeating Row 2, work 4 more rows ribbing. Change to stockinette st and work 6 (8-8) rows. Inc 1 st each end of next row, then every 18th (20th-20th) row twice more (66 [70-72] sts). Work until piece measures 17" (18"-19") from beg (lower edge flat), ending with a p row.

Shape armholes: Bind off 3 sts at beg of next 2 rows, then dec 1 st each end of every k row twice (56 [60-62] sts). Work until piece measures 27" (28"-29") from beg, end with p row. **Shoulders:** Bind off 19 (21-22) sts at beg of next 2 rows (18 sts). **Collar:** With smaller needles, work 6 rows k 2, p 2 rib. Then work in stockinette stitch until collar measures 4" from shoulder. Bind off loosely.

FRONT: Work as for Back until piece measures 23" (25"-26"), ending with a p row (56 [60-62] sts). **Shape neck:** **Next row:** K 19 (21-22), sl next 18 sts to holder; join 2nd ball MC, k remaining 19 (21-22). Knitting both sides at same time with separate yarn, work 9 rows. Bind off. **Collar:** With smaller needles, pick up and k 6 sts on left neck edge, k 18 from holder, pick up and k 6 sts on right neck edge (30 sts). Work as for back collar.

SLEEVES: With larger needles and MC, cast on 30 (30-32) sts. Work 8 rows stockinette st, then 6 rows k 2, p 2 ribbing. Continuing in stockinette st, inc 1 st each end of first row, then every 6th row 7 (8-9) times more (46 [48-50] sts). Work until piece measures 19" (20"-21") or desired length to underarm, end with p row. **Shape cap:** Bind off 3 sts at beg of next 2 rows. Dec 1 st each end of every other row 6 times,

then every row 4 times (20 [22-24] sts). Bind off loosely.

FINISHING: Monogram (optional): On tissue paper draw, or trace from enlarged type font (available at www.womansday.com/knitting), a letter about 3" high for monogram. Pin to front about 2½" from right side edge and 3" above ribbing. With tapestry needle and double strand CC, embroider letter through paper and front in chain stitch, securing ends on wrong side. Tear away paper. **Sew seams:** Sew collar and neck seam. Sew side seams. Sew sleeve seams. Sew sleeves into armholes, easing to fit. Tack rolled edges at seams.

Kid's Monogrammed Sweater

SIZES: 2 (4-6) years. Finished measurements: Chest: 28" (30"-32").

YARNS: Caron Bliss (1.75-oz/50-g/82-yd acrylic/nylon/cotton/brushed chunky weight), 5 balls 0006 Coral (MC). Brown Sheep Nature Spun (fingering-weight wool), small amount 114 Storm (CC) for optional monogram. **Knitting needles:** Sizes 9 and 10 (5.5mm and 6mm), or size that gives you the correct gauge. **Notions:** Tapestry needle and tissue paper for monogram.

GAUGE: 13 sts and 20 rows = 4".

BACK: With larger needles and MC, cast on 46 (49–52) sts. Work in stockinette st until piece measures 14" (15"–17") from beg, ending with a p row. **Shoulders:** Bind off 12 (13–15) sts at beg of next 2 rows (22 [23–22] sts). **Collar:** With smaller needles, continue in stockinette st for 2". Bind off loosely. **FRONT:** Work as for back until piece measures 12" (13"–15"); end with p row. **Shape neck: Next row:** K 12 (13–15), sl next 22 (23–22) sts to holder; join 2nd ball MC and k remaining 12 (13–15) sts. Working both sides at same time with separate yarn, work until same length as back; end with a p row. Bind off both sides. **Collar:** With small needles, pick up 6 sts on left neck edge, k sts from holder, and pick up 6 sts on right neck edge. Work in stockinette st until collar measures 2". Bind off loosely. **SLEEVES:** Starting at wrist, with larger needles and MC, cast on 28 (30–30) sts. Work in stockinette st for 2", ending with p row. Inc 1 st each end of next row, then every 10th (10th–8th) row until you have 36 (40–42) sts. Work until piece measures 10" (11"–12") from beg. Bind off loosely.

FINISHING: Monogram: Work as for His and Hers Sweater, page 110, placing monogram on center front. **Sew seams:** Sew shoulder and neck seams. Mark sides of back and front 5½" (6"–6½") below shoulder seam. Sew tops of sleeves to sides between markers. Sew side and sleeve seams. Tack rolled edges to right side at seams.

Wrap Cardigan

SIZE: S [M]. Wrap is essentially a scarf with sleeves. Finished measurements: 80" x 21". Sleeve width at upper arm: 13½".

YARN: Patons Lacette (1.75-oz/50-g/235-yd nylon/acrylic/mohair sportweight), 6 balls Black. Knitting needles: Size 10 (6mm), or size that gives you the correct gauge.

GAUGE: 16 sts and 20 rows = 4" in rib pat.

WRAP: Starting at one side, cast on 84 sts. **First side: K 1, P 1 Rib: Row 1:** (K 1, p 1) across. Repeating this row for pattern, work until piece measures 34" from beg. **First armhole: Row 1:** Rib 28, bind off next 28 sts in rib for armhole, rib to end. **Row 2:** Rib 28, cast on 28 for armhole, rib to end (84 sts). **BACK:**

Continue in rib pattern for 12" (13") across back. **Second armhole:** Make same as first armhole. **Second side:** Continue in rib pattern for 34". Bind off loosely in rib. **SLEEVES:** Starting at wrist, cast on 32 sts. Work in stockinette st until piece measures 14" from beg. Inc 1 st each end every 4th row 10 times (52 sts). Continue until 24" (25") from beg. Bind off loosely. **FINISHING:** Sew sleeve seams. Sew bound-off edge of sleeve into armhole, with seam at underarm. To wear, cross sides in front and drape over shoulders or wrap around body. **WD**

KNIT AND CROCHET ABBREVIATIONS AND TERMS

Beg—begin(ning); MC—main color; CC—contrasting color; ch—chain; dc—double crochet; dec—decrease; inc—increase; k—knit; lp—loop; p—purl; rnd—round; sc—single crochet; sl—slip; sp—space; st(s)—stitch(es); tog—together. Stockinette st—k 1 row, p 1 row alternately. Brackets [] enclose size changes when within parentheses. Parentheses () enclose groups of directions, changes in number of sts for different sizes and notes.

9/13/05 www.womansday.com 111

**The chocolate lover
in you will have already
torn it to shreds.**



New Chocolate Chex Mix. In Turtle and Peanut Butter.

Allergy fog?

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kidspeak When my kids and I were outside playing, we heard a very large truck coming our way. As it drove past, I said, "Look, it's a moving truck!" My 5-year-old son, Joey, looking confused, said, "You mean it never stops?"
Gina Cavarretta, Boynton Beach, FL

Teens: Snooze—or Lose

BETWEEN SPANISH AND GEOMETRY homework, volleyball practice and gigs with his metal-rock band—plus surfing the Web while instant messaging his friends—Tommy Becker, 16, of Manhattan Beach, California, doesn't have much time for sleep. Although he tries to get to bed by 11 on weeknights, "it's hard to get up at 7 A.M. for school," he says.

Tommy isn't the only teen who wishes he didn't have to get out of bed quite so early. Most teens today don't get enough sleep, says Brett R. Kuhn, Ph.D., director of the pediatric sleep clinic at the University of Nebraska Medical Center in Omaha. Studies show that teens need at least 9 hours of sleep a night to wake up feeling rested, which is more than adults and younger kids need. But only 15 percent of teens get that much shut-eye, according to the most recent report from the National Sleep Foundation's Sleep and Teens Task Force. Some get far less: 26 percent get by on 6.5 hours or less each school night. These numbers are alarming because not only do sleep-deprived teens become more easily depressed and suffer academically, they often endanger themselves and others by driving when drowsy.

Despite what generations of parents have thought, teens who stay up half the night are not simply being rebellious. Research has revealed that biological changes during puberty "reset" an adolescent's internal sleep-wake

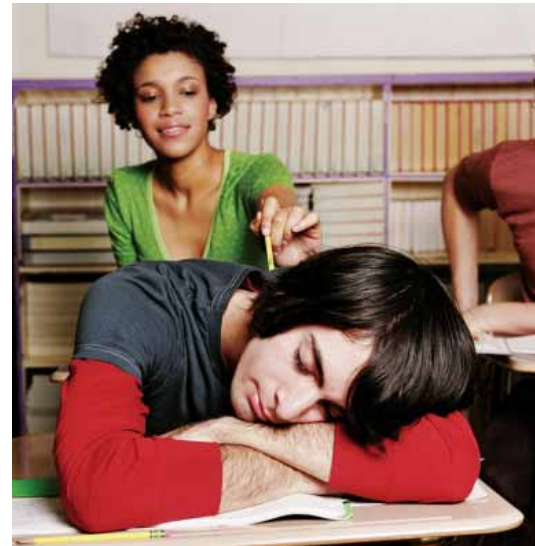
clock, programming teen bodies to go to sleep and wake up later. To help your teen sleep more: **Provide a weekend wakeup call.** To keep their internal clock on track, teens should go to sleep no more than an hour later and wake up no more than two hours later on the weekend than they do during the week.

Encourage him to avoid a java jolt. Coffee drinks are the new soda, observes Dr. Kuhn. And they contain even more caffeine. Tell your teen to just say decaf.

Keep the computer and TV out of the bedroom. Not only are they tempting distractions (why sleep when you could be surfing the Web?), but if a teen drifts off with them on, the light and sound can interfere with sleep.

Take steps to stop late-night cramming. Telling your teen that cramming for a test doesn't work may not be enough. Help him develop—and stick to—a study plan a couple of weeks before a big test.

Kathy Sena



Activities 1 **Pass the O.J.** September is Better Breakfast Month, so rise and dine as a family. Go to

www.mrbreakfast.com for creative morning meals you can whip up together. **2** Great grandparents. The first Sunday after Labor

Day marks Grandparents Day. Start a family tradition and have your kids interview their grandparents. Encourage them to write down the stories they uncover or videotape the event to preserve the memories. For sample questions, log on to www.grandparents-day.com/interview.htm.

3 Elephant walk. Head to the zoo on September 22 for Elephant Appreciation Day. To brush up on your elephant facts, read *Elephants*, by John Bonnett Wexo (part of the award-winning Zoobooks series).



buy it! **dream team**

Color me beautiful! Each of these machine-wash, tumble-dry pillowcases, featuring beloved Disney characters, comes with 16 nontoxic crayons. Once your child has finished coloring the pillowcase, simply turn it inside out and iron to set the colors. Just \$9.95 each, "Cinderella" (no. 1502C) and "Pretty as a Princess," with Aurora, Belle, Cinderella and Snow White (no. 1502P), make the perfect gift or party activity. To order, call toll-free 800-866-6662 and ask for Dept. E125N, or use the mail-order coupon on page 148. For these and other great deals, log on to shop.womansday.com.



Please turn to page 114

tip

Use the computer to design wrapping paper with colorful geometric shapes.

YOU CAN MAKE IT

Water Works

Add some flavor to your water bottle. Use paint pens to write inspirational messages or draw designs on the bottle. Be sure to allow time for ink to dry as you rotate it. Or decorate the bottle with your favorite stickers. For more pizzazz, hang a charm on a ribbon or sewing trim and tie to bottle top.



Pocket It

No more putting your pen in the spiral wire of your notebook and hoping it stays. Create a place for it on your notebook. Carefully cut away a small pocket from an old pair of jeans or other piece of clothing. (Leave the back, so the clothing stays intact.) Use thick, tacky glue to attach pocket to the front of a notebook. Let dry.



Lighten Up

Coat a small fabric lampshade with a bright color of acrylic paint. Let dry. Using fingers or a paintbrush, add spots or stripes in a contrasting color.

FOR MORE KIDS' CRAFTS,
log on to www.womansday.com/crafts.

tip Store leftovers in individual-serving size containers for easy lunches.

The Hurrier I Go...

I'M RUNNING LATE. Again. I should have left the house 10 minutes ago. And I might have, but as I was buttoning up my 2-year-old's sweater, water droplets began to appear on the floor. A leaky ceiling? Still-damp hair? A sippy-cup spill? It takes my overloaded brain a minute to register. *Oh.* Flooding *Blue's Clues* underwear.

So much for potty-training progress. I remove Page's soaked clothes and run around looking for replacements. Mop up the floor. Cajole daughter into wearing her hated boots instead of sopping favorite sneakers. Grit teeth and avoid looking at watch as she insists on putting them on "all myself."

Finally, my toddler is strapped into her car seat and I am behind the wheel. Twenty-five minutes late. I glance in the rearview mirror. Oops, forgot to put on makeup. At the first stoplight I root around in my purse for some lipstick. The light turns green as I swipe a stubby lip crayon that is badly in need of sharpening across my lower lip. And then, yes, I get a splinter!

Truth is not only stranger than fiction, it hurts more. On days like this, I am reminded of the old Amish saying, "The hurrier I go, the behinder I get."

Although this episode happened a couple of years ago, it seared into my brain a key mama lesson: When you have kids, you have to downshift to kid time. Or someone pays the price.

Ironically, we usually run our lives the other way around. We try to fast-forward the kids to *our* time. Life is a game of beat the clock, whether we're dashing to day care or story hour at the library. We move fast and expect faster: *high-speed* Internet access, *overnight* shipping, *express* checkout, *instant* rice.

Sometimes I'm too busy being a mom to enjoy being a mom. You know the lines: *Hurry up, we're going to be late! Stop dawdling! You're going to miss the bus! Not now, maybe later. Here, let me do that for you.*

Screech! Hit the brakes!

There is collateral damage in our super-rushed world.



Kids, hustled along, lose opportunities to practice zipping their own zippers. Observing ants on the sidewalk and finding shapes in the clouds aren't idle pursuits for small, growing brains, they're essential parts of figuring out the world. Cramping five errands into the space of one stresses out kids as much as it does us. So does being viewed with impatience and frustration when you haven't really done anything wrong except be yourself—a kid who can only do so much, so fast, a kid who doesn't wear a watch.

Of course, we suffer ourselves by hurrying: from stress, from an elevated risk

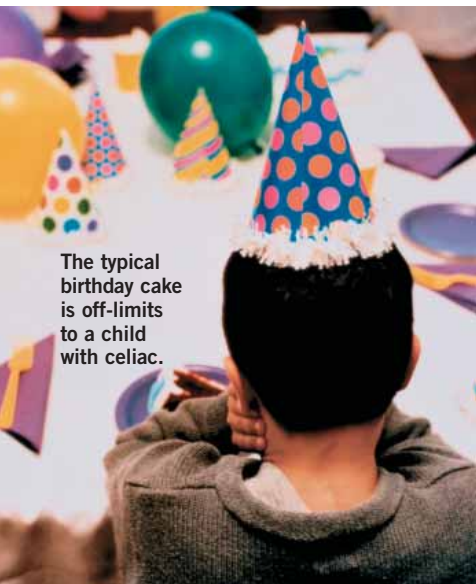
of accidents, and from—hard as it is to admit—inappropriate parenting. Will my kids remember me as the patient, attentive, loving, fun mom of vacations and Sunday mornings? Or the warp-speed dervish from *Most of the Time*, hustling them through bath and bedtime routines on her way to doing 10,000 other tasks?

Since that comic day a potty accident set me straight,

I've tried to borrow a page from the Slow Movement. That's the hot trend in the food world toward old-time dishes that are slow-cooked and then leisurely savored. Not that my clan could ever sit up straight long enough to make our usual 15-minute gobble-fest last for three hours, but you get the idea. Slow-ites stop to smell those metaphorical roses. They don't hector their kids to move faster than they're developmentally hard-wired to move. And I bet they never get splinters in their lip either. **WD**

THE (STILL) HURRIED CHILD

It's been more than two decades since David Elkind, Ph.D., a professor of child development at Tufts University, coined the phrase "the hurried child" in his book of the same name. Although he was referring to rushing kids developmentally, he'd like to see us all slow down across the board. "The mantra I try to live by is that tomorrow is important, but so, too, is today," he told me recently. "We are so busy looking to the future that we don't take the time to treasure the here and now."



The typical birthday cake is off-limits to a child with celiac.

a disease in disguise

Your 8-year-old has complained of gassiness and stomachaches for months. He's also had alternating bouts of diarrhea and constipation and seems to be losing weight. What could be wrong?

The answer may be celiac disease, a digestive disorder that's under-recognized and under-diagnosed in many children.

Caused by a reaction to gluten, a protein found in all forms of wheat and related grains such as rye and barley, celiac disease aggravates the lining of the stomach. Nutrients don't get absorbed properly, resulting in vitamin and protein deficiencies, which in turn lead to anemia and poor growth. If celiac goes untreated for many years, the damage can even cause chronic and life-threatening intestinal problems.

How many people have it? Estimates range from one

in 300 children to as many as one in 80. It's thought to be more common in people of European ancestry, and is believed to be rare in African-Americans and those of Chinese or Japanese origin.

Part of the reason it often goes undiagnosed is that as many as 50 percent of children do not have intestinal symptoms but other signs such as irritability, weight loss, delayed development and even some behavioral changes. The diagnosis is first made with a blood test for antibodies to gluten. If that's positive, the definitive procedure is a painless small-bowel biopsy.

The treatment—avoiding gluten—is no easy feat, because gluten is part of flour, bran, bulgur and couscous, certain types of oats, rye and semolina, and is contained in malt, food starch, soy sauce, caramel color and a host of other foods and additives. Children with celiac disease either have to eat before going to a birthday party or pizza outing with their friends or take their own food. Parents should consult with a dietitian skilled in treating celiac disease and have continuous follow-up by a medical team.

If your child has been having these symptoms or there is a history of celiac disease in your family, ask your pediatrician to run a blood test. For more information, log on to www.celiac.org.

tip

I went into a room to do a checkup on a 4-year-old and found her dressed in her own robe. Her mother said she thought of it because she herself was always

cold in a doctor's office. I think it's a brilliant idea. It allowed me easy access to examine the child, and she had the warmth and comfort of her own soft robe rather than the scratchy paper gown we provide.



no supplements for teen athletes

Every once in a while a parent calls me because her son's coach told him to take a performance-enhancing supplement to "build him up." I've always discouraged it, and now the American Academy of Pediatrics has published a statement endorsing my stand.

The supplements include agents used for weight control in sports that reward leanness, such as wrestling, those used for weight gain and increased muscle mass, and ones that increase the blood's ability to carry oxygen.

No research has been done on the long-term effects of these substances in children younger than 18. In addition, it promotes the idea of winning at any cost rather than emphasizing good nutrition and physical conditioning, which are the main values of sports for children.

hello, dr. stern...

"I've heard that sippy cups can impede a child's speech development and that cups with straws are a better choice. Is this true?"

The idea that sippy cups interfere with language development was put forth by a few speech pathologists because they thought it could be a problem, but evidence to support this claim has never been shown in any study that I'm aware of. And, frankly, since every child I know uses a sippy cup, speech problems should be rampant and they are not.

The major problem with sippy cups is that constant sipping of anything other than water can promote tooth decay. A straw-type cup may be better with milk or juice because it delivers the liquid behind the front teeth. Another problem is that with the lid on, it may be difficult to know if there is fluid left in the cup. Children have been known to drink from cups that were left out for a day or two, which is probably a great culture medium for bacteria, although I haven't heard of any serious infections because of this.

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“Emily” arrives dressed just like you would dress your own baby, in a pink knit jumper, delicately embroidered and decorated with tiny beads and ribbons, matching pink panties and socks—and a tiny pink bow in her hair. She also comes with a little pink pacifier for those quiet moments.

A Linda Webb one-of-a-kind doll can sell for thousands of dollars, but this extraordinary “Emily's Celebration of Life” is only \$149.99*—a truly remarkable value. Orders will be filled on a first-come, first-served basis. Your satisfaction is guaranteed for one full year. Join the celebration! Order now!



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by Ellen Greene



GUACAMOLE

3 ways with AVOCADOS

GUACAMOLE (shown) Mix 3 coarsely mashed Hass avocados, $\frac{1}{2}$ cup diced tomato, $\frac{1}{4}$ cup sliced scallion, 3 Tbsp fresh lime juice, 1 tsp each minced garlic and ground cumin, $\frac{3}{4}$ tsp salt and $\frac{1}{4}$ tsp hot-pepper sauce. Serve, or cover surface directly with plastic wrap and refrigerate up to 4 hours. Makes 3 cups. Serve with tortilla chips.

BLTs Mix $\frac{1}{4}$ cup mayonnaise and 1 Tbsp each chopped cilantro and scallion in a bowl. For each of 4 sandwiches: Toast 2 slices crusty country-style bread. Spread each with $\frac{1}{2}$ Tbsp mayonnaise mixture. Top 1 slice with 1 leaf romaine lettuce, torn to fit; 2 slices crisp bacon; 3 slices ripe tomato; and $\frac{1}{4}$ of a sliced ripe avocado. Cover with other slice bread. Serves 4.

SALAD WITH ORANGES Whisk 3 Tbsp orange juice, $1\frac{1}{2}$ Tbsp olive oil, 1 Tbsp lemon juice, $1\frac{1}{2}$ tsp sugar, 1 tsp Dijon mustard and $\frac{1}{2}$ tsp each salt and pepper in a bowl to blend. Peel and section 1 navel orange. Slice avocado; add to bowl along with the orange, 4 cups torn salad greens and 3 sliced scallions. Toss gently to mix and coat. Serves 4.

we really like MICROWAVE POPCORN MINIS

How often have you, all by yourself, finished a bag of microwave popcorn that says it makes $2\frac{1}{2}$ servings? That's a whopping $12\frac{1}{2}$ cups. Problem solved: Jolly Time has come out with mini bags that pop just one serving each (that's about 4 to 5 cups per bag) in only one to three minutes. There's 94% Fat Free Healthy Pop Microwave Minis in Butter and Kettle flavors, and Blast O Butter Ultimate Theatre Style. Each box of minis contains four single-serve bags and costs between \$1.89 and \$2.09.



cat cora's KITCHEN SECRET

This cat really moves fast as the first female chef on Food Network's *Iron Chef America* series, where she's pitted against some of this country's favorite chefs. Speed counts, and in a tip from her book, *Cat Cora's Kitchen*, she explains how to quickly cut fresh basil into *chiffonade* (that's French for "narrow ribbons"): "Stack the leaves on top of one another and roll them lengthwise into a tight cylinder, then slice crosswise into thin strips."



in an instant SUMMER SALSA

Add diced peaches to green or red salsa. Good with meat, poultry and fish.

PHOTOGRAPHS: JACQUELINE HOPKINS; MAREN CARUSO (top right). PROP STYLING: KAREN QUATSOE (top left, bottom left and bottom right)

KRAFT

*So beefy, your husband
might get jealous.*



HONEY, IT'S A MEAL.

VELVEETA® Cheeseburger Mac

Prep: 5 min. Cook: 20 min.

1 lb. ground beef
3/4 cup milk
1/3 cup ketchup
1 pkg. (12 oz.) VELVEETA® Shells & Cheese Dinner
1 large tomato, chopped
1/4 cup green onion slices

1. BROWN meat in large skillet; drain.
2. ADD 1-1/4 cups water, the milk and ketchup; mix well. Bring to boil. Stir in Shell Macaroni; return to boil. Reduce heat to medium-low; cover. Simmer 10 minutes or until macaroni is tender.
3. STIR in the Cheese Sauce, tomato and onions until well blended. **Makes 4 servings.**



talkin' turkey

Tired of the same old grind?
Save up to a buck a pound
by switching to ground turkey

◀ mediterranean turkey kabobs

Serves 4 Active: 15 min/Total: 35 min

Serve with bulgur wheat and sautéed zucchini and grape tomatoes.

1¼ lb ground turkey
½ cup bulgur wheat
1 Tbsp each minced garlic and grated lemon zest
2 tsp ground cumin
½ tsp salt
1 red onion, cut in 16 chunks
Nonstick spray

MINT & GARLIC SAUCE

1 cup plain lowfat yogurt
¼ cup chopped fresh mint
¼ tsp each minced garlic and salt

1. Remove broiler pan. Coat rack with nonstick spray. Heat broiler. Have ready 8 wooden skewers.
2. Mix turkey, bulgur, ½ cup water, the garlic, zest, cumin and salt in a large bowl until well blended. Form into 16 sausages. Thread 2 per skewer plus 2 onion chunks. Coat with nonstick spray.
3. Broil 3 to 4 in. from heat source 4 minutes on each of 4 sides, or until no longer pink at center.
4. Meanwhile, mix Sauce ingredients in a small bowl. Serve with the kabobs.

Per serving (87¢): 340 cal, 31 g pro, 19 g car, 3 g fiber, 16 g fat (4 g sat fat), 75 mg chol, 568 mg sod

MEDITERRANEAN TURKEY KABOBS

tex-mex turkey burgers

Serves 4 Active: 15 min/Total: 30 min

1¼ lb ground turkey
¾ cup crushed baked tortilla chips
¼ cup sliced scallions
1 large egg
1 tsp each minced garlic, chili powder and ground cumin
¼ tsp salt
2 tsp oil
4 burger buns
4 lettuce leaves
Serve with: salsa and reduced-fat sour cream

1. Mix turkey, chips, scallions, ½ cup water, the egg, garlic, chili powder, cumin and salt in a large bowl until very well blended. Shape into 4 burgers.
2. Heat oil in a large nonstick skillet over medium heat. Fry burgers 12 to 15 minutes, turning occasionally, until no longer pink at center and internal temperature registers at least 165°F on a meat thermometer inserted from side to middle.
3. Serve on buns with lettuce. Top with salsa and sour cream.

Per serving (68¢): 434 cal, 32 g pro, 36 g car, 2 g fiber, 18 g fat (4 g sat fat), 157 mg chol, 632 mg sod

reader tip

Buying ground turkey and forming my own patties is cheaper than buying them already made. I've tried boxed suppers, frozen dinners and prepackaged vegetables and fruit. They're great timesavers, but not great moneysavers.

Dianne Dines, Anaheim, CA

got milk?[®]

It figures.

Singing, dancing, acting and keeping a killer figure isn't easy. And after all the years I've spent in the spotlight, who knew the best-kept secret was already in my fridge? Recent studies suggest that including 24 ounces of lowfat or fat-free milk a day in a reduced calorie diet may help you lose more weight than cutting calories alone so you stay lean and strong. Now, that's something to sing about.

milk your diet



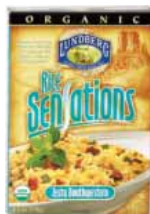
lose weight!

1•2•3 dinner



PHOTOGRAPHS BY JOHN UHER

southwestern stuffed peppers



4 medium peppers,
halved and
seeded
1 box (6.2 oz) zesty
Southwestern
rice mix
8 oz Cheddar
cheese (1½ cups
diced and ½ cup
shredded)

Serves 4 Active: 15 min/Total: 40 min

1. Heat oven to 425°F. Have a 13 x 9-in. baking dish ready.
2. Arrange peppers, cut side down, in baking dish. Pour in ¼ cup water. Cover tightly with foil. Bake 20 minutes, or until peppers are tender. Drain peppers on paper towels.
3. While peppers cook, prepare rice as box directs. Cool slightly, then stir in diced cheese. Fill peppers and arrange in baking dish. Sprinkle with shredded cheese. Bake, uncovered, about 5 minutes until cheese melts. Garnish with cilantro, if desired.

Per serving: 413 cal, 18 g pro, 39 g car, 4 g fiber, 20 g fat (12 g sat fat), 60 mg chol, 597 mg sod

PROP STYLING: KAREN QUATSOE. Granulated sugar, oil, salt and pepper are considered pantry staples and are not counted as one of the three ingredients.



Custom fit, to seal air out and freshness in.



1•2•3 dessert



PHOTOGRAPHS BY JOHN UHER

pear in a basket



1 box (10 oz) ready-to-bake puff pastry shells
6 small ripe pears
 $\frac{3}{4}$ cup chocolate-hazelnut spread

Makes 6 Active: 10 min/Total: 50 min

1. Heat oven to 400°F. Have ready 2 baking sheets. Line one with foil and coat with nonstick spray.
2. Bake pastry shells on unlined baking sheet as package directs. Remove to a wire rack to cool.
3. Increase oven to 475°F.
4. Peel, halve and core pears. Place on lined baking sheet; sprinkle each half with $\frac{1}{2}$ tsp sugar. Bake 20 minutes, or until lightly browned. Cool on sheet on a wire rack.
5. Warm hazelnut spread in microwave. Spoon 2 Tbsp into each shell; add 2 pear halves. If desired, garnish with mint.

Per serving: 553 cal, 6 g pro, 67 g car, 6 g fiber, 30 g fat (5 g sat fat), 0 mg chol, 133 mg sod

SLOW-COOKER

cranberry pork roast



SLOW-COOKER

lasagna with chicken sausage



SLOW-COOKER

turkey thighs & beans



SLOW-COOKER

pot o' chili



TEAR OUT AND SAVE

JACQUELINE HOPKINS (top left); JAMES BAIGRIE (top right); JOHN UHER
9/13/05

lasagna with chicken sausage

Serves 8

Active: 20 min/Total: About 5½ hr on low

Serve with extra marinara sauce, if desired.

- 1 jar (26 oz) marinara sauce
- 1 pkg (12 oz) fully cooked Italian-style chicken sausage links, diced
- 1 tub (32 oz) part-skim ricotta cheese
- 1 pkg (8 oz) shredded part-skim mozzarella cheese (2 cups)
- ¾ cup grated Parmesan cheese
- 2 tsp minced garlic
- 1 tsp dried Italian seasoning
- 1 box (8 oz) no-cook (oven-ready) lasagna noodles

1. Have ready a 5-qt or larger slow-cooker. Mix marinara sauce, sausage and ½ cup water in a medium bowl. In another medium bowl, mix ricotta, 1½ cups mozzarella, ½ cup Parmesan, the garlic and Italian seasoning.

2. Spread ¼ the sauce mixture over bottom of cooker. Top with ⅓ the noodles, breaking noodles and overlapping as needed. Spread with ⅓ the cheese mixture, covering noodles completely. Repeat sauce, noodle and cheese layers twice. Spread remaining sauce mixture on top.

3. Cover and cook on *low* 5 hours, or until noodles are tender.

4. Sprinkle with remaining ½ cup mozzarella and ¼ cup Parmesan. Cover and let stand 10 minutes to melt cheese.

Per serving: 523 cal, 35 g pro, 38 g car, 2 g fiber, 27 g fat (13 g sat fat), 96 mg chol, 1,411 mg sod

Woman's Day

cranberry pork roast

Serves 8

Active: 6 min/Total: 6 to 8 hr on low

- 1 can (16 oz) whole-berry cranberry sauce
- 1 medium onion, chopped
- 1 can (5.5 oz) apricot nectar
- ½ cup each sugar and coarsely chopped dried apricots
- 2 tsp cider or distilled white vinegar
- 1 tsp each dry mustard and salt
- ¼ tsp crushed red pepper
- One 2½-lb boneless pork loin roast, well trimmed

1. Mix all ingredients except pork in a 3-qt or larger slow-cooker. Add pork; spoon some cranberry mixture over the top. (Can be done the night before. Refrigerate in removable crock or, if crock can't be removed, in a covered bowl, then transfer to slow-cooker to cook.)

2. Cover and cook on *low* 6 to 8 hours, or until pork is tender. Remove pork to cutting board and slice. Spoon fat off sauce; serve sauce with pork.

Per serving: 373 cal, 31 g pro, 43 g car, 2 g fiber, 8 g fat (3 g sat fat), 84 mg chol, 395 mg sod

Woman's Day

pot o' chili

Makes 10 cups (enough for 4 servings with leftovers)

Active: 10 min/Total: 3 to 4 hr on high; 8 to 10 hr on low

Freeze any leftovers and use for chili dogs or tortilla or taco fillings.

- 1 lb ground beef chuck
 - 2 cups chopped onions
 - 1 can (29 oz) tomato purée
 - 1 can each (about 15 oz each) black beans, chickpeas and red kidney beans, rinsed
 - 1 can (14½ oz) zesty diced tomatoes with green chiles
 - 3 Tbsp chili powder
 - 1 Tbsp chopped garlic
 - 1 tsp each ground cumin and salt
- Serve with: sour cream, shredded cheese and sliced scallions

1. Cook beef and onions in a large nonstick skillet, breaking up clumps of meat with a wooden spoon, 4 minutes, or until meat is brown and onions are translucent.

2. Transfer to a 3½-qt or larger slow-cooker. Stir in remaining ingredients. (Can be done the night before. Refrigerate in removable crock or, if crock can't be removed, in a covered bowl, then transfer to slow-cooker to cook.)

3. Cover and cook on *high* 3 to 4 hours or on *low* 8 to 10 hours.

Per 2 cups: 132 cal, 8 g pro, 14 g car, 4 g fiber, 5 g fat (2 g sat fat), 16 mg chol, 489 mg sod

Woman's Day

turkey thighs & beans

Makes 8 cups (enough for 4 sandwiches with leftovers)

Active: 8 min/Total: 5 to 6 hr on high; 8 to 12 hr on low

These super barbecue sandwiches are good with coleslaw.

- 2 turkey thighs (1 lb each), skinned
- 2 cans (16 oz each) baked beans
- 1½ cups chopped onions
- 1 cup bottled barbecue sauce
- 1 Tbsp yellow mustard
- 1 tsp each ground cumin and salt
- 4 kaiser rolls or hamburger buns, split

1. Mix all ingredients except rolls in a 3½-qt or larger slow-cooker. (Can be done the night before. Refrigerate in removable crock or, if crock can't be removed, in a covered bowl, then transfer to slow-cooker to cook.)

2. Cover and cook on *high* 5 to 6 hours or on *low* 8 to 12 hours until turkey is fork-tender. Remove turkey to a cutting board and, using 2 forks, pull meat into shreds. Discard bones.

3. Return meat to crock, stir to mix, then spoon 1 cup on each roll. Refrigerate or freeze remaining 4 cups for another meal.

Per sandwich: 354 cal, 27 g pro, 46 g car, 27 g fiber, 7 g fat (2 g sat fat), 66 mg chol, 1,350 mg sod

Woman's Day

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- Mary Jane Medlock



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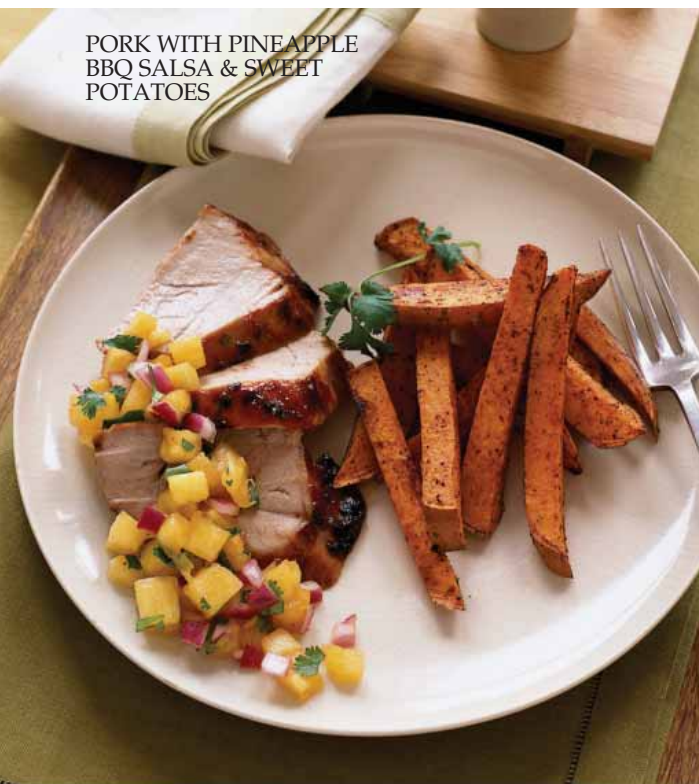
Two baking sheets,
one oven, about half an
hour: Dinner's ready

PROP STYLING: BETTY ALFENITO

PHOTOGRAPHS BY ANN STRATTON

ROASTED FOOD! The **APPETIZING AROMA**, the crispy edges, the **ROBUST FLAVORS**. But the long hours in the oven? Forget about it. Here we cut down on time (and the gas and electric bill) with five wonderful roast dinners for family or guests, each cooked entirely in the oven and on the table in half an hour, give or take a few minutes. The secret? **TURN UP THE TEMPERATURE**. Use quick-cooking fish or cuts of meat. **THINK THIN**: Cut vegetables down to size. Think French fry-size pieces of sweet potato, already skinny asparagus, half-inch pieces of eggplant, sliced butternut squash—all give you **EXTRA FLAVOR** as well as fast cooking. And forget about soaking and scrubbing crusty pans. Just line the baking sheets with nonstick foil and cleanup is just a crumple-and-toss away.

PORK WITH PINEAPPLE
BBQ SALSA & SWEET
POTATOES



ITALIAN
ROSEMARY
CHICKEN &
VEGETABLES



COD & ASPARAGUS
WITH TOMATO
VINAIGRETTE



ASIAN BEEF &
VEGETABLES



Pork with Pineapple BBQ Salsa & Sweet Potatoes

Serves 4 Active: 7 min/Total: 32 min

- 1 pork tenderloin (about 1 lb)
- 2 large sweet potatoes, cut in ½-in. wedges
- ⅓ cup barbecue sauce
- ¼ cup chopped cilantro
- 2 tsp oil
- ½ tsp chili powder
- 1¼ cups diced fresh or canned pineapple
- 3 Tbsp chopped red onion

1. Heat oven to 500°F. Position racks to divide oven in thirds. Line 2 rimmed baking sheets with nonstick foil.
2. Place pork on 1 baking sheet, sweet potatoes on the other. Mix 3 Tbsp barbecue sauce with 1 Tbsp cilantro; brush on pork. Drizzle potatoes with oil; sprinkle with chili powder. Toss to coat; spread evenly.
3. Roast 10 minutes. Remove pans from oven. Gently toss sweet potatoes and turn pork. Return to oven and roast potatoes 8 minutes, or until tender; pork 15 minutes, or until done as desired.
4. Remove pork to cutting board; let rest while combining pineapple, onion and remaining cilantro and barbecue sauce in a bowl. Slice pork; top with the pineapple salsa. Serve with sweet potatoes.

Per serving: 345 cal, 25 g pro, 39 g car, 3 g fiber, 9 g fat (3 g sat fat), 71 mg chol, 237 mg sod

Italian Rosemary Chicken & Vegetables

Serves 4 Active: 10 min/Total: 40 min

- 8 small chicken drumsticks (about 1¾ lb)
 - 4 large red potatoes, each cut in 8 wedges, wedges halved
 - 2 large peppers, cut in ¾-in. wedges
 - 1 large red onion, cut in ½-in.-thick slices
 - 2 Tbsp olive oil
 - 3 Tbsp chopped fresh rosemary
 - 2 Tbsp chopped garlic
 - ½ tsp each salt and pepper
 - ¼ cup pitted kalamata olives, cut in half
- Serve with: balsamic vinegar to drizzle over chicken and vegetables

1. Heat oven to 500°F. Position racks to divide oven in thirds. Line 2 rimmed baking sheets with nonstick foil.
2. Distribute drumsticks, potatoes, peppers and onion evenly between pans. Drizzle with oil; sprinkle with rosemary, garlic, salt and pepper and toss to turn and coat.
3. Roast 15 minutes. Remove pans from oven. Gently toss mixtures on both pans; return to oven and roast 15 minutes longer, or until chicken is cooked through and vegetables are tender.
4. Arrange on serving platter; sprinkle with olives.

Per serving: 509 cal, 32 g pro, 48 g car, 6 g fiber, 21 g fat (4 g sat fat), 108 mg chol, 574 mg sod

Cod & Asparagus with Tomato Vinaigrette

Serves 4 Active: 7 min/Total: 20 min

Serve with French bread.

- Four 1½-in.-thick pieces cod fillets (about 8 oz each)
- 1 bunch (about 1¼ lb) asparagus, woody ends snapped off
- Garlic-flavor cooking spray
- ½ tsp each salt and pepper
- 1 cup diced plum tomatoes
- ¼ cup olive oil and vinegar dressing
- 2 Tbsp chopped fresh tarragon, basil, chives, parsley or dill

1. Heat oven to 500°F. Position racks to divide oven in thirds. Line 2 rimmed baking sheets with nonstick foil.
2. Place fish on 1 baking sheet; spread asparagus evenly on the other. Coat cod and asparagus with cooking spray; sprinkle with salt and pepper.
3. Roast 10 to 12 minutes, switching position of pans halfway through cooking, until cod is just cooked through and asparagus are tender.
4. Mix remaining ingredients in a bowl. Spoon over cod.

Per serving: 303 cal, 44 g pro, 7 g car, 2 g fiber, 11 g fat (2 g sat fat), 98 mg chol, 494 mg sod

Asian Beef & Vegetables

Serves 6 Active: 15 min/Total: 30 min

Good served with warmed flour tortillas.

- 1 cup spicy stir-fry sauce (we used House of Tsang-Saigon Sizzle)
- ¼ cup fresh orange juice (grate zest first)
- 1 flank steak (about 1½ lb)
- 1 small eggplant (about 1 lb), cut in ½-in. cubes (4 cups)
- Nonstick spray
- 1¼ lb baby or regular bok choy, cut crosswise in 1-in. pieces (6 cups)
- 4 oz fresh shiitake mushrooms, stems discarded, caps cut in ½-in. slices
- ¼ cup honey
- 1 tsp grated orange zest
- ¼ cup each chopped cashews and sliced scallions

1. Mix ¾ cup stir-fry sauce and the juice in a large zip-top bag. Add steak; turn to coat.
2. Heat oven to 500°F. Position racks to divide oven in thirds. Line 2 rimmed baking sheets with nonstick foil.
3. Spread eggplant on 1 baking sheet; coat with nonstick spray. Remove steak from marinade; place on other baking sheet. Place steak on higher oven rack, eggplant on lower.
4. Roast 10 minutes, or until an instant-read thermometer inserted from side into thickest part of steak registers 145°F for medium-rare. Transfer to cutting board; let rest.
5. Remove eggplant from oven, add bok choy and mushrooms; toss to mix. Coat with nonstick spray. Roast 5 minutes.
6. Mix remaining ¼ cup stir-fry sauce, the honey and zest. Pour over vegetables; toss to coat. Thinly slice meat across the grain. Serve steak and vegetables with cashews and scallions.

Per serving: 386 cal, 26 g pro, 35 g car, 3 g fiber, 16 g fat (5 g sat fat), 57 mg chol, 772 mg sod

wrap sheet We recommend lining the baking sheets with Reynolds Wrap Release aluminum foil to keep foods from sticking, so they're easy to turn and cleanup's a cinch.



Please turn to page 133



COVER IT IN RANCH DRESSING
AND PRETEND IT'S
A BUFFALO WING



THE WAY RANCH IS SUPPOSED TO TASTE™

SIMPLY SUPPER

Continued

Moroccan Lamb Dinner

Serves 6 Active: 10 min/Total: 30 min

- 1 butternut squash (about 2½ lb) peeled, seeded, cut lengthwise in quarters, then crosswise in ½-in.-thick slices
- 1 large red pepper, cut in ½-in.-wide strips, strips cut in half
- 1 medium onion, cut in ½-in. wedges, wedges cut in half
- 2 tsp minced garlic
- 1 Tbsp Tandoori or Garam Masala spice blend
- ½ tsp salt
- 3 Tbsp olive oil
- 2-lb boneless top round lamb or leg of lamb, cut in 1-in. pieces
- 1 Tbsp chopped cilantro

1. Heat oven to 500°F. Position racks to divide oven in thirds. Line 2 rimmed baking sheets with nonstick foil.
2. Mix squash, pepper and onion in a large bowl. Combine garlic, spice blend, salt and oil in a small bowl. Add 2 Tbsp to vegetables; toss to coat. Spread evenly on 1 baking sheet.
3. Place on high oven rack; roast 10 minutes.
4. Meanwhile, put lamb in large bowl; add remaining spice mixture; toss to coat. Spread on other baking sheet. Move vegetables to low rack; put meat on high rack.
5. Roast 10 minutes, or until lamb is cooked through and vegetables are tender. Gently toss meat with the vegetables; sprinkle with cilantro.

Per serving: 441 cal, 31 g pro, 22 g car, 4 g fiber, 26 g fat (9 g sat fat), 106 mg chol, 276 mg sod

WD



NUTRITION KEY

In our recipes, when two ingredient choices are given (e.g., wine or chicken broth), nutritional figures are for the first choice. Unless otherwise specified, our recipes are tested with 1% milk.

Calories To estimate the number of calories you can eat daily to achieve and maintain your ideal weight, multiply your ideal weight (please be realistic) by 13 if you're moderately active and by 15 if you're active.

Fat No more than 30 percent of your total daily calories should come from fat. The key to eating right is how you manage your diet over the course of a few days. We label recipes Low Fat if less than 25 percent of their calories come from fat.

Saturated fat A diet high in saturated fats is associated with increased cholesterol levels and some forms of cancer. If you eat foods totaling 2,000 calories a day, your saturated fat intake should be less than 10 percent of the day's calories, or about 20 grams.

Fiber Foods high in dietary fiber, such as fruits, vegetables and whole grains, may reduce the risk of some cancers and help reduce cholesterol levels. Suggested daily intake: 20 to 35 grams.

Sodium and cholesterol The daily amounts that are recommended for healthy adults and children are less than 2,300 mg sodium and less than 300 mg cholesterol.

HOW TO USE OUR RECIPES

Before trying a new recipe, read it all the way through to make sure you have all the necessary ingredients, tools and equipment.

- Measure **pans, baking dishes and skillets** across the top.
- Measure **dry ingredients** in opaque dry measuring cups and **liquids** in clear liquid measuring cups.
- Measure **flour** by stirring it lightly, then spooning it into the appropriate dry measuring cup until it mounds. Sweep off the excess with the back of a knife.
- Measure **baking soda, baking powder, salt and ground spices** by filling the measuring spoon to overflowing, then sweeping off the excess with the back of a knife.
- Pack **brown sugar** into a dry measuring cup or spoon until level with the top.
- When we call for a **rimmed baking sheet**, we mean a baking sheet with a raised edge on all four sides (also known as a jelly-roll pan or cookie pan).
- A **baking sheet** (also called a cookie sheet) has a raised edge on one end or 2 sides.
- To **grate citrus zest**, use a rasplike microplane grater or the smallest ragged holes of a 4-sided grater, and grate the colored part of the peel only.

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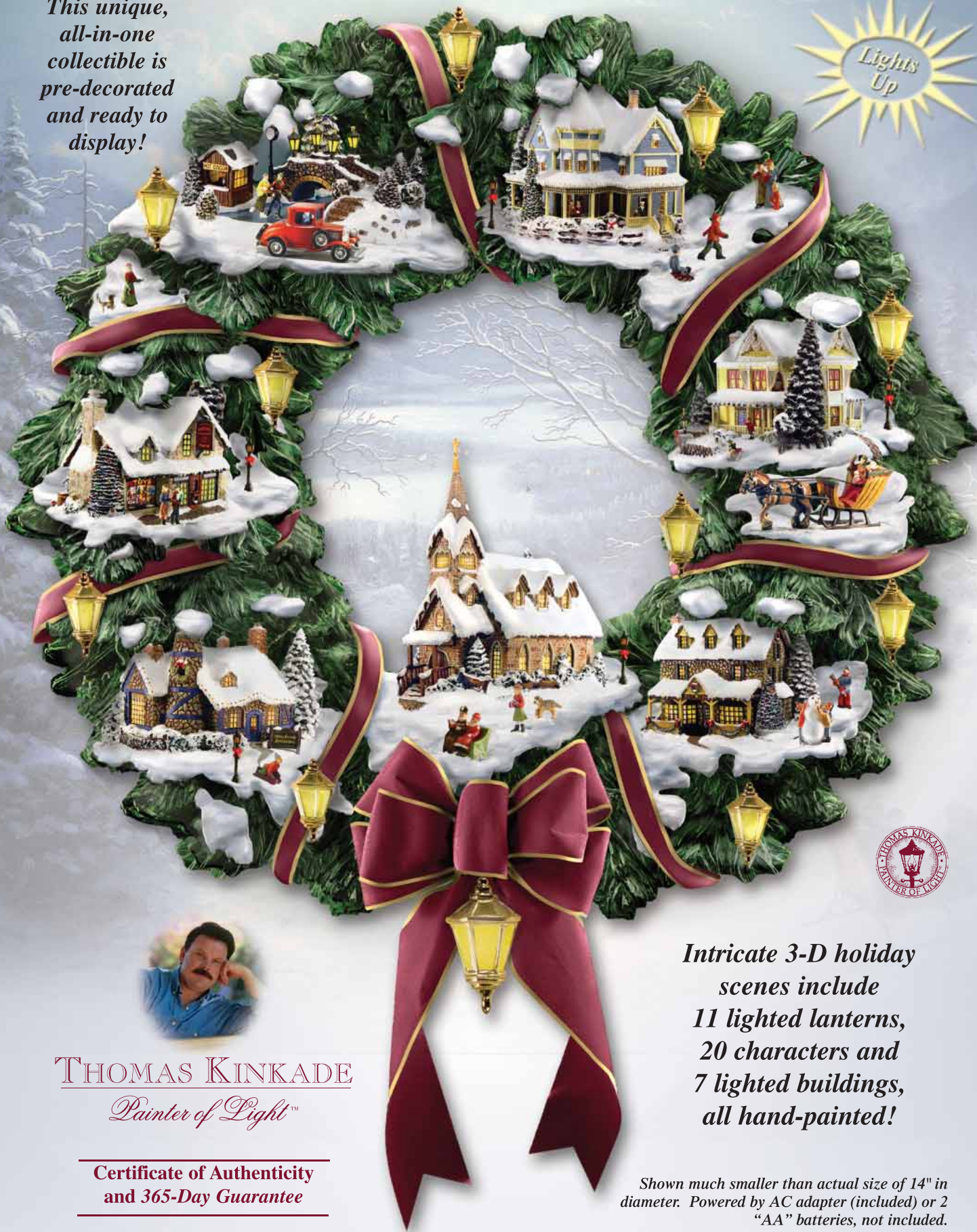
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ON THE COVER

Sublime Crumb Apple Pie

Serves 8 Active: 30 min/Total: 1½ hr

This pie is loaded with apples, but they cook down during baking. It's super-delicious topped with vanilla ice cream.

1 refrigerated ready-to-bake pie crust (from a 15-oz box)

CRUMB TOPPING

½ cup plus 2 Tbsp all-purpose flour

⅓ cup each packed light-brown sugar and granulated sugar

1 tsp ground cinnamon

½ cup walnuts, coarsely chopped

1 stick (½ cup) cold butter, cut in small pieces

FILLING

7 medium to large tart apples (about 3¼ lb), such as Granny Smith, Pippins or Greenings

1 Tbsp lemon juice

½ cup granulated sugar

3 Tbsp all-purpose flour

½ tsp ground cinnamon

⅛ tsp ground nutmeg

Garnish: confectioners' sugar

1. Have ready a 9-in. pie plate and a baking sheet. Place oven rack on lowest rack position in the oven. Heat oven to 450°F.

2. Line pie plate with pie crust as package directs. Flute or crimp edge.

3. **Topping:** Mix flour, brown and granulated sugar, the cinnamon and walnuts in a medium bowl. Cut in butter (or rub in with fingertips) until mixture forms moist, coarse crumbs that clump together easily.

4. **Filling:** Peel, halve and core apples. Cut in ½-in.-thick slices by hand (or with the slicing disk of a food processor). Place in a large bowl, add lemon juice and toss to coat. Mix remaining ingredients in a small bowl, sprinkle over apple slices and toss to coat.

5. Layer apple slices in pie shell, mounding them higher in center. Gently pat topping evenly over apples to form a top crust. Place pie on the baking sheet to catch any drips.

6. Bake 15 minutes. Reduce oven temperature to 350°F and bake 45 minutes longer, or until a skewer meets some resistance when center of pie is pierced (apples will continue cooking after pie is removed from the oven) and topping is golden brown. (If topping browns too quickly, drape a piece of foil loosely over the pie.) Cool pie completely on a wire rack before dusting with confectioners' sugar and serving.

Per serving: 522 cal, 4 g pro, 75 g car, 3 g fiber, 24 g fat (10 g sat fat), 38 mg chol, 257 mg sod **WD**

SHOPPER'S GUIDE

At Home with Sara Evans 29: **Flavour Clothing** necklace. 1522 Demon Breun Street, Nashville, TN 37203. 615-254-2064. **Lisa** black hoodie and **Red Engine** jeans from Jamie, Nashville, TN. 615-292-4188. **30: Grassroots** striped cashmere poncho from Emmaline, Franklin, TN. 615-791-6205. **Red Engine** jeans from Jamie, Nashville, TN. 615-292-4188. **30-31: Aldik** artificial flowers. *aldik.com*. **Crate & Barrel** throw pillows. 800-967-6696; *crateandbarrel.com*. **32: Bodrum** Chateau Topaz runner (CH2632) and Brussels Topaz 20" napkin (BR2610). 888-863-7861. **Aroma Naturals** candles. 800-462-7662; *aromanaturals.com*. **Zrike** Tuscan Collection from Waverly manufactured by the Zrike Company. Dinner plate in vanilla (9901-010), sold as a set of four; Salad/Dessert Plate in burgundy (9900-020), sold as a set of four; and 16-oz clear goblet from the Camelot collection (#3301570), sold individually. 201-651-5158; *zrike.com* for a retailer near you. **Wood Trends by Oneida** 20-piece serving set for four includes salad forks, dinner forks, dinner knives, dinner spoons, teaspoons. *oneida.com*. **Get the Look 36:** **Art.com** prints *Femme a L'Evantail, 1919* (27" x 39") and *Jeanne Hbuterne au Foulard* (11.75" x 15.75"). *art.com*. **Sears** Sea Gull single-tiered chandelier in Olde Iron finish (03453184000). *sears.com*. **Zrike** Tuscan Collection from Waverly manufactured by the Zrike Company. Dinner plate in vanilla (9901-010), sold as a set of four; salad/dessert plate in burgundy (9900-020), sold as a set of four; and 16-oz clear goblet from the Camelot collection (#3301570), sold individually. 201-651-5158; *zrike.com* for a retailer near you. **Wood Trends by Oneida** 20-piece serving set for four includes salad forks, dinner forks, dinner knives, dinner spoons, teaspoons. *oneida.com*. **Yurdan.com** Ethnic Store round flanged vase (HDTT11571). 713-464-1686; *yurdan.com*; *debra@yurdan.com*.

Country Originals brown clay balls (H0697). 800-249-4229; *countryoriginals.com*. **Global Views** layered circles wall panel. 800-956-0030; *globalviews.com*. **Aroma Naturals** Relaxing Tangerine 2.75" x 5" (22122), Passion Deep Orange 2.75" x 3.5" (1168), Chai Tea Linen 3" x 6" (1274), Inner Peace Forest Green 2.54" x 4" (22920), and Celebrate 2.75" x 3.5" (1138). 800-462-7662; *aromanaturals.com*. **Crate & Barrel** vintage kilim pillow (517224). 800-967-6696; *crateandbarrel.com*. **Label Makers 80: Bob Mackie Studio** clothing. *bobmackie.com*. **Ann Taylor** kitten heels. 800-DIAL-ANN. **Liz Claiborne** necklace. 800-555-9838; *lizclaiborne.com*. **Isaac Mizrahi for Target** clothing, shoes and accessories. 800-800-8800; *target.com*. **Payless** handbag. Available at Payless Shoe Source stores. **Sears** bracelet. Available at Sears stores nationwide. **Nicole by Nicole Miller** clothing. Available at JCPenney. 877-FIND-JCP; *jcpenney.com*. **Coldwater Creek** scarf. *coldwatercreek.com*. **Estate by Monet** necklaces. 800-555-9838 for stores. **Liz Claiborne** satchel. 800-555-9838; *lizclaiborne.com*. **Antonio Melani** boots. Available at Dillard's stores. 800-345-5273; *antoniomelani.com*. **Echo** scarves. 800-331-ECHO. **Villager** earrings and shopper. Available at Kohl's. *kohls.com* for store locations. **Good Looks 86: Mario Badescu** mask. *mariobadescu.com*. **Sweet Lily Spa**. *sweetlilyspa.com*. **Chanel** nail polish. *chanel.com*. **Murad** supplement. *murad.com*. **Perricone** supplement. *drperricone.com*. **In the Loop 105: Bohemian Scarf: Suss Yarns**. 323-954-9637; *sussdesign.com*. **Funky purse and wrap cardigan: Patons Yarns**. *patonsyarns.com* for store locations. **Vintage Cap and Kid's Mongrammed Sweater: Caron International Yarns**. 800-868-9194; *caron.com*. **His and Hers Monogrammed Sweater, Kid's Monogrammed Sweater: Brown Sheep**. *brownsheep.com* for stores. **Kids' Day 114: Nalgene** water bottle. 800-446-2543; *nalgene-outdoor.com*. **WD**

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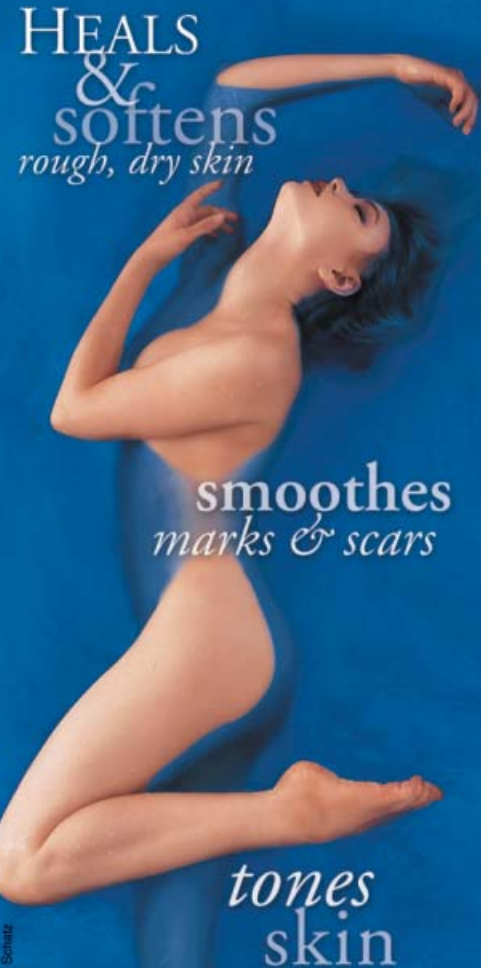
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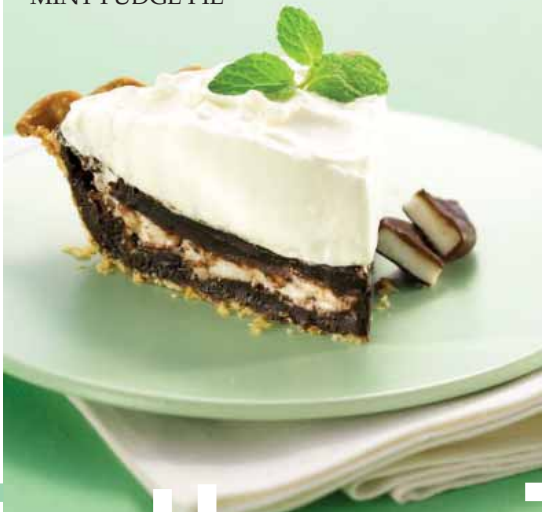
brownie points

Blissful chocolaty desserts from a brownie mix

PHOTOGRAPHS BY JOHN UHER

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MINT FUDGE PIE



Mint Fudge Pie

Serves 16 **Active:** 20 min/**Total:** 1 hr 5 min (plus at least ½ hr chilling)

Planning Tip: Can be made through Step 3 up to 1 day ahead.

1 refrigerated ready-to-use pie crust (from a 15-oz box)
1 box (19.8 oz) Family-Style Dark Chocolate Fudge Brownies mix
1 large egg
⅓ cup (5 Tbsp plus 1 tsp) butter, melted
½ tsp mint extract
1 pkg (7.2 oz) snack-size chocolate-covered mint patties (12 patties)
1½ cups heavy (whipping) cream
¼ cup sugar
Garnish: fresh mint

1. Heat oven to 350°F. Unroll or unfold pie crust on a lightly floured surface. Roll into a 13-in. round. Fit into a 9-in. pie plate; fold edge under and flute.
2. Combine brownie mix, egg, butter, ⅓ cup water and ¼ tsp mint extract in a large bowl. Stir, as brownie mix package directs, until well blended. Spread 1½ cups batter in pie crust. Place 10 mint patties, evenly spaced, on batter. Top with remaining batter, spreading to edge and covering patties.
3. Bake 45 minutes, covering crust with foil after 15 minutes to prevent over-browning. Cool on a wire rack until room temperature. Refrigerate at least 30 minutes.

4. To serve: Beat cream, sugar and remaining ¼ tsp mint extract in a large bowl with mixer on medium-high speed until moist, stiff peaks form when beaters are lifted. Spread over pie. Cut remaining 2 patties in quarters; use with mint to garnish pie.

Per serving: 387 cal, 2 g pro, 49 g car, 0 g fiber, 19 g fat (10 g sat fat), 56 mg chol, 255 mg sod

in the mix

The humble brownie mix graduates from sleepover staple to sublime sophisticate



BROWNIE
CHEESECAKE

German Brownie Torte

Serves 20 Active: 30 min/**Total:** 1 hr (plus at least 2 hr chilling)
Planning Tip: Can be made through Step 6 up to 1 day ahead.

1½ cups (5 oz) sweetened flaked coconut
1½ cups (6 oz) chopped pecans
½ cup firmly packed light-brown sugar
½ stick (4 Tbsp) butter, melted
1 box (21 oz) Family-Style Chewy Fudge Brownies mix
2 cups heavy (whipping) cream
⅓ cup confectioners' sugar

1. Heat oven to 350°F. Line a 15 x 10-in. rimmed baking sheet with heavy-duty foil, letting foil extend above pan on both ends. Coat foil with nonstick spray.
2. Mix coconut, pecans, brown sugar and butter in a bowl until well blended; set aside.
3. Prepare brownie mix as package directs for cake-like brownies. Pour batter into prepared pan, spreading evenly. Top with coconut mixture.
4. Bake 25 minutes, or until a wooden pick inserted in center comes out clean. Cool in pan on a wire rack.
5. Lift foil by ends onto a cutting board. Cut brownie crosswise in thirds. Beat cream and confectioners' sugar in a large bowl with mixer on medium-high speed until moist, stiff peaks form when beaters are lifted.
6. **To assemble:** Place 1 brownie layer, nut side up, on a serving platter. Spread top with 1 cup whipped cream. Repeat with remaining layers and cream, ending with cake. Frost sides with remaining cream. Refrigerate at least 2 hours.
7. **To serve:** Cut with a serrated knife in 1-in. slices; cut each slice in half.

Per serving: 400 cal, 4 g pro, 37 g car, 2 g fiber, 28 g fat (11 g sat fat), 71 mg chol, 176 mg sod

Please turn to page 144



GERMAN
BROWNIE TORTE



MOCHA MOLTEN CAKES

fudgy



CHOCOLATE-PEANUT
BUTTER FUDGE BARS

BROWNIE POINTS

Continued

Brownie Cheesecake

Serves 12 **Active:** 15 min/**Total:** 5 hr 25 min (includes chilling)

Planning Tip: Can be made through Step 6 up to 3 days ahead.

1 box (17.6 oz) **Chocolate Lover's Milk Chocolate Chunk Brownies mix**

CHEESECAKE TOPPING

2 bricks (8 oz each) $\frac{1}{3}$ -less-fat cream cheese (Neufchâtel), softened
 $\frac{1}{2}$ cup sugar
2 large eggs
 $\frac{1}{2}$ tsp each vanilla and almond extract



BROWNIE CHEESECAKE

Garnish: 1 Tbsp seedless red raspberry jam and fresh raspberries

1. Heat oven to 350°F. Coat an 8-in. springform pan with nonstick spray.
2. Prepare brownie mix as package directs for fudgy brownies. Spread evenly in prepared pan.
3. Bake 20 to 25 minutes until a wooden pick inserted 2 in. from sides comes out with moist crumbs attached. Cool in pan on a wire rack 15 minutes.
4. Meanwhile, beat cream cheese and sugar in a large bowl with mixer on medium speed until smooth. Reduce speed to low; beat in eggs, one at a time, just until blended. Stir in extracts until well blended. Pour over brownie layer; spread evenly.
5. Bake 35 to 40 minutes until edge of cheesecake puffs slightly and center still jiggles slightly when shaken. Cool in pan on a wire rack. Run a knife carefully around edges to release cake from sides of pan.
6. Cover and refrigerate at least 4 hours.
7. **About 30 minutes before serving:** Remove pan sides and transfer cake to a serving plate. Scrape raspberry jam into a small ziptop bag. Snip tip off 1 corner and pipe swirls on cake. Garnish with raspberries.

Per serving: 365 cal, 8 g pro, 43 g car, 1 g fiber, 18 g fat (8 g sat fat), 80 mg chol, 317 mg sod

Mocha Molten Cakes

Serves 6 **Active:** 15 min/**Total:** 35 min (plus about 1½ hr chilling and freezing)

$\frac{1}{3}$ cup semisweet chocolate chips
2½ Tbsp heavy (whipping) cream
4 tsp instant coffee
1 box (17.6 oz) **Chocolate Lover's Double Fudge Brownies mix with Fudge Syrup**
3 large eggs
 $\frac{1}{3}$ cup oil
Garnish: fresh strawberries

1. Have a rimmed baking sheet ready.
2. Microwave chocolate chips and cream in a small bowl, stirring at 30-second intervals, until melted and smooth. Refrigerate 15 minutes, or until firm as soft pudding.
3. Drop level measuring tablespoons on a foil-lined flat plate (you should have 6 disks). Freeze at least 30 minutes until firm.
4. Heat oven to 425°F. Coat six 6-oz custard cups or ramekins with nonstick spray. Place on the baking sheet.
5. Dissolve coffee in 2 Tbsp warm water. Combine brownie mix (reserve fudge syrup packet), eggs, oil and coffee mixture in a large bowl. Stir, as brownie mix package

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MOCHA MOLTEN CAKES



directs, until well blended. Divide evenly among prepared cups (slightly rounded $\frac{1}{3}$ cup in each).
6. Bake 8 minutes, or until sides are set but centers are still soft. Push a frozen chocolate disk into middle but not to bottom of each cake (batter doesn't have to cover disk). Bake 8 minutes more until cakes have risen. Cool on pan

on a wire rack 5 minutes.

7. Place syrup packet in a small bowl of hot water. Run a thin knife around cakes to loosen. Invert on serving plates. Snip off one end of syrup packet; drizzle syrup on cakes and plates as shown.

Per serving: 585 cal, 6 g pro, 78 g car, 3 g fiber, 28 g fat (8 g sat fat), 115 mg chol, 329 mg sod

Chocolate-Peanut Butter Fudge Bars

Makes 36 Active: 25 min/**Total:** About 1 hr (plus $\frac{1}{2}$ hr chilling)

Planning Tip: Refrigerate in a rigid container with wax paper between layers up to 2 weeks or freeze up to 3 months.

1 box (18 oz) Triple Chocolate Decadence Brownies mix
 $\frac{1}{2}$ cup peanut butter chips
 $\frac{1}{2}$ cup dry roasted peanuts, chopped

PEANUT BUTTER FILLING

$\frac{3}{4}$ cup creamy peanut butter
1 cup marshmallow cream (such as Marshmallow Fluff or Creme)
 $\frac{3}{4}$ stick (6 Tbsp) unsalted butter, softened
 $\frac{3}{4}$ cup confectioners' sugar

CHOCOLATE GLAZE

6 oz bittersweet baking chocolate, coarsely chopped
5 Tbsp unsalted butter
1 Tbsp light corn syrup



CHOCOLATE-
PEANUT BUTTER
FUDGE BARS

1. Heat oven to 350°F. Line a 9-in. square pan with foil, letting foil extend above pan on opposite sides. Coat foil with nonstick spray.

2. Prepare brownie mix as package directs for fudgy brownies. Stir in peanut butter chips and peanuts. Spread evenly in prepared pan.

3. Bake 30 minutes, or until a wooden pick inserted in center comes out with moist crumbs attached. Cool completely in pan on a wire rack.

4. Filling: Beat peanut butter, marshmallow cream and butter in a medium bowl with mixer on high speed until well blended. Reduce speed to low, add confectioners' sugar and beat until blended. Spread evenly over brownie.

5. Glaze: Microwave chocolate and butter, stirring at 30-second intervals, until melted and smooth. Cool slightly; stir in corn syrup. Spread evenly over Filling. Refrigerate 1 hour until Filling is firm and Glaze sets.

6. Lift foil by ends onto a cutting board. Cut in 6 rows lengthwise and 6 crosswise.

Per square: 216 cal, 3 g pro, 21 g car, 1 g fiber, 14 g fat (6 g sat fat), 15 mg chol, 83 mg sod

WD

Editor's Note: We tested all of these recipes using Duncan Hines Brownies mixes.

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editor's choice

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ponchos!

Crochet the season's chicest accessory

Ponchos are back in a big way, and it's easy to see why: Comfortable and comforting, a poncho is the ultimate easy-to-wear accessory. It goes with everything, is never too tight, and you can whip it on and off as the temperature demands. Plus, with all the beautiful new yarns, ponchos are more stylish than ever. Our crocheted versions are made with rich Lion Brand yarn. Don't worry about sizing; one size fits all. If you're crocheting for someone petite, you can make a shorter version (ponchette), and you'll have plenty of yarn left over for other projects. And, best of all, they're so easy to do: Just crochet two rectangles, then sew together. Machine-washable.



"Suede" Poncho

Made from plush Lion Brand suede-like yarn, this chic style is so easy to crochet.

Each kit is \$49.95 (you'd pay at least \$100 or more for a comparable poncho in stores) and includes ample yarn, a crochet hook and simple instructions.

Choose from:

Loden Green Suede Poncho Kit (no. 1491G)

Teal Suede Poncho Kit (no. 1491T)

Light Brown Suede Poncho Kit (no. 1491B)



Barley Poncho

With a trim of fun fur yarn around the edge, this richly colored poncho is oh-so-cozy and won't itch. Only \$49.95. Kit includes ample Lion Brand homespun yarn and fun fur trim, a crochet hook and easy-to-follow instructions (no. 1492B).



Ribbon Poncho

Crocheted from Lion Brand ribbon yarn, this poncho can be made short or long. Dressy or casual, it's meant to be worn as a little something extra over a sleeveless dress or camisole at an indoor cocktail or holiday party. And it's light enough to wear under a coat. The ribbon yarn creates a fabric with just the right amount of sheen for a festive look. Only \$49.95 each. Choose from:
Autumn Leaves Palette Kit (no. 1493A)
Black and Silver Kit (no. 1493B)

These authentic-looking storage accessories were inspired by all those lovely items in Grandma's house, yet they're perfect for today's organizing.

Two-Drawer Chest (no. 1497) This beautifully reproduced all-wood chest is based on an antique sewing machine cabinet. With a white semigloss finish, it has two roomy drawers with decorative knobs and detailed molding. It fits nicely into any room: Use it in the kitchen to hold spices and accessories; in the crafts room for scissors and supplies; or in the living room to corral remote controls. 10½" high by 6¼" wide by 11½" deep. \$34.95.

Utility Shelf (no. 1494) This charming storage unit is perfect for a wide variety of items. Lay your rolling pin in the top hooks for a retro display, and hang mugs or keys on the hooks below. Show off tea towels or jams and jellies in the wire basket. Wall-mount. Measures 14½" long by 10½" high. \$19.95.

Hanging Organizer (no. 1496) Get clutter off the counter or desk and stash it in this vintage-look organizer. Great for mail, cards, notes and keys. Wall-hang only. Measures 13" high by 4¾" wide. \$8.95.

Caddy (no. 1498) This clever caddy provides storage solutions in multiple ways. Use it to hold kitchen utensils, toiletries and makeup brushes, desk supplies or crafts items such as scissors, brushes and hole punchers. Wall-mount or set on surface. 7" high by 7½" deep. \$18.95.

Matchbox (no. 1495) Everyone used to have a matchbox like this one. Slide a box of matches inside and it dispenses them perfectly at the bottom. If you put the entire box in, you can strike a match through the side opening. Wall-mount or set on surface. Great for display and function both. Measures 6" high by 3½" wide. \$7.95.

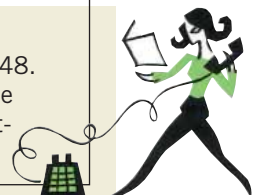
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editor's choice

Truly a lightweight flannel blanket for all year round, this versatile change-of-season blanket adds a touch of warmth to air-conditioned rooms in the summer or lets you lower your thermostat by providing extra insulation in the winter. With a thick, luxurious nap, it's so buttery-soft you'll think it's cashmere. And because it's reversible, you can change your decor in seconds. Blanket is 100 percent cotton flannel, nonallergenic and machine-wash and -dry. Choose from three sizes and two color combinations. Soft pink plaid reverses to solid ivory; gray plaid reverses to solid soft gray.

warm thoughts

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kids' day dream team, editor's choice ponchos!, old-time organizing and warm thoughts offers

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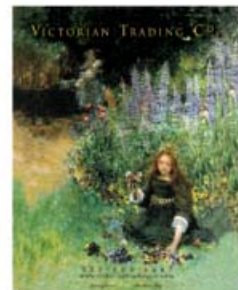


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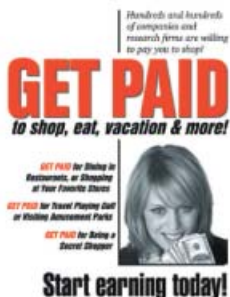


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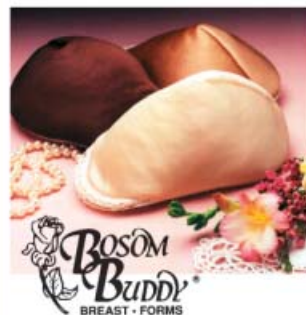
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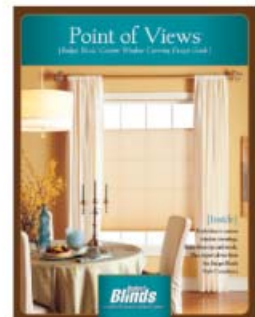
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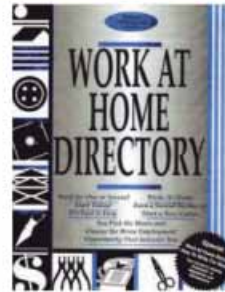
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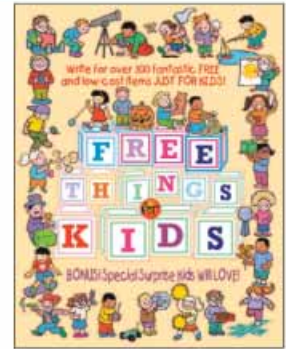
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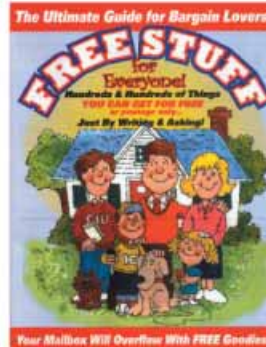
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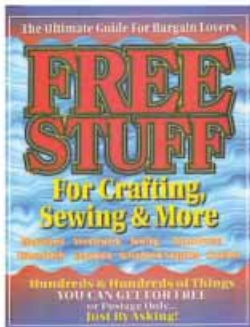
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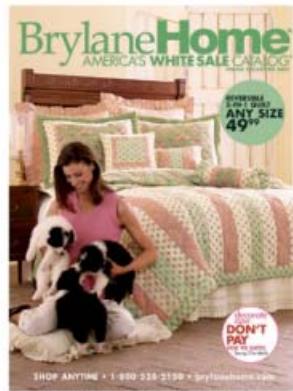
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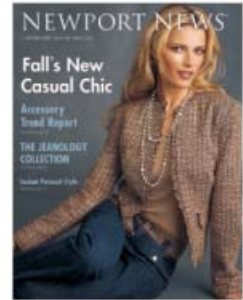
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Style *(n.)*

1 The way in which something is said, done, expressed, or performed: a style of speech and writing 2 A quality of imagination and individuality expressed in one's actions and tastes: does things with style 3 A comfortable and elegant mode of existence 4 The fashion of the moment, especially of dress **Synonyms:** Appearance, characteristic, chic, vogue



Style is knowing how to take a fashion and personalize it.”

Sophia Loren

“I like my money right where I can see it: hanging in my closet.”

*Carrie Bradshaw,
Sex and the City*

“Sex appeal is something that you feel deep down inside. It’s suggested rather than shown. I don’t need a bedroom to prove my womanliness. I can convey just as much appeal fully clothed, picking apples off a tree or standing in the rain.”

Audrey Hepburn

“The best thing is to look natural, but it takes makeup to look natural.”

Calvin Klein

“My father used to say, ‘Let them see you and not the suit. That should be secondary.’”

Cary Grant

“Clothes make the man. Naked people have little or no influence on society.”

Mark Twain



fashion forward

- The average woman uses 6 pounds of lipstick over the course of her lifetime.
- Former Philippine First Lady Imelda Marcos has hundreds of shoes in her collection. She opened a museum in Manila in 2001 to display them.
- Why do women at the Kentucky Derby wear such crazy hats? According to superstition, a great hat may help you choose the winning horse. The annual Hat Parade is held on the first Saturday in May at Churchill Downs.

elements of style

ALWAYS IN STYLE Made popular in the '60s, Jackie O–inspired sunglasses are still some of the most fashionable shades around.

TIMELESS TRENDS When Grace Kelly appeared on a 1956 cover of *Life* magazine carrying an Hermès handbag to hide her pregnant stomach, she launched a fashion trend that would last for decades. The “Kelly” is still one of the most famous—and most expensive—handbags. Vintage versions can command as much as \$10,000 at auction.

SIMPLE CHIC Sharon Stone made headlines at the 1996 Academy Awards when she paired a Giorgio Armani velvet coat and a long skirt with a plain black turtleneck from the Gap.

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