

Be prepared  
Recognizing stroke  
symptoms

Continuity of care  
From the hospital  
to your home

Concussion awareness  
What you need  
to know

**MEDIA  
PLANET**

March 2012

# BRAIN HEALTH

4

TIPS

FOR KEEPING YOUR  
BRAIN SHARP

## TAKING CHARGE

**Kathy Ireland**, full-time mom, talks migraines,  
business and life priorities

PHOTO: kathy ireland Worldwide®



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## CHALLENGES

What are the odds **you or a loved one** will be affected by brain disease?

# Join the fight to cure brain disease

**Y**ou have a one in six chance of being affected by a neurologic disease. It's true. There are some 50 million Americans living with brain diseases. From soldiers returning from war with traumatic brain injury to women who live with epilepsy and wonder if they can get pregnant safely. From children who struggle with autism to grandparents beset with Alzheimer's and dementia. Brain disease takes a deep emotional and financial toll on families and caregivers.

There are thousands of neurologic diseases that cross gender, race, and age and cost our society \$400 billion in annual medical and related expenses. These include life-threatening disorders such as stroke, Alzheimer's, brain tumors, and amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease). There are chronic diseases that create daily challenges, such as epilepsy,

migraines, and sleep disorders.

Research is providing new treatments and a better understanding of the brain that will yield future breakthroughs. New medicines bring relief to migraine sufferers and people with epilepsy. We now know "time is brain" when treating stroke symptoms. We are closer to more effective ways to address Alzheimer's and Parkinson's. But these are only treatments. We desperately need cures, as our population ages and becomes more susceptible to these devastating diseases.

Neurologists in the American Academy of Neurology are on the front line of research and care for people with brain disease. Neurologists are medical doctors with specialized training in diseases of the brain and nervous system. They are instrumental in diagnosing, treating, and helping people manage these illnesses to improve their quality of life.

To learn more about brain disease and to find a neurologist near you, visit [aan.com/patients](http://aan.com/patients).



**Bruce Sigsbee, M.D., FAAN**  
President, American Academy of Neurology

We now know  
"time is brain"  
when treating  
stroke symptoms.

You may subscribe to Neurology Now®, our free award-winning magazine for patients and caregivers, at [neurologynow.com](http://neurologynow.com). And join the fight to cure brain disease with a contribution to the American Academy of Neurology Foundation at [buyabrain.org](http://buyabrain.org). Every cent of your donation will go directly toward research to bring cures to the 50 million Americans living with brain disease.

Information contained in the above foreword is for informational and educational purposes only. It is not intended to replace or contradict your medical doctor's advice and should not be used, interpreted, or relied upon as professional medical advice. Please consult a qualified physician regarding specific medical concerns or treatment.

**BRUCE SIGSBEE, M.D.**  
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## WE RECOMMEND



**Kathy Ireland**  
She shares her secrets for a healthy work-life balance.

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NEWS

# UNDERSTANDING AND PREVENTING STROKE

■ **Question:** Can you recognize the symptoms of stroke?

■ **Answer:** Most people can't—and don't know how to prevent one, either.

Almost 800,000 people will have a stroke—or “brain attack”—this year, and about one in every 18 people will die as a result, according to the American Heart Association. Stroke is the third-leading cause of death in the U.S. for women and the fourth leading cause for men over 65 years old. Stroke remains the number one cause of adult disability, says Patrick D. Lyden, M.D., Chair, Department of Neurology, Cedars-Sinai Medical Center (Los Angeles), and most people don't think the symptoms are serious enough to warrant medical attention.

“Strokes often go unrecognized until it's too late. Stroke—even a mini-stroke—is an emergency situation requiring highly specialized treatment within a very short



“Strokes often go unrecognized until it's too late.”

**Patrick Lyden, M.D.**  
Chair, Department of Neurology,  
Cedars-Sinai Medical Center

period of time,” he says.

Symptoms include sudden onset of any of the following: unilateral numbing/weakness in the face, arm, or leg; trouble speaking/understanding; difficulty with vision; severe headaches; trouble with balance or coordination. Recognizing any of these

symptoms as a medical emergency is the key to getting treatment quicker. Having tissue plasminogen activator (tPA) administered within the first three hours “improves outcomes by about 30 percent,” Dr. Lyden says, and adds, other treatments are being studied.

## ACT F.A.S.T. TO RECOGNIZE A STROKE

- **F=FACE** Does one side of the face droop when asked to smile?
- **A=ARMS** Does one arm drift down when both are raised?

- **S= SPEECH** Is speech slurred when repeating a sentence?
- **T=TIME** If the answer is ‘Yes’ to any of those, call 9-1-1.

Source: National Stroke Association



Stroke is a “life changing event,” said Jeffrey E. Thomas, M.D., FAANS, FACS, Medical Director, Interventional Neuroradiology at the Comprehensive Stroke Care Center (Fremont, Calif.). “People lose a large part of what makes them unique—imagine not only losing the ability to speak, but the ability to understand. That's what stroke can do.”

Stroke is “utterly preventable,” Dr. Thomas says. People can prevent strokes by modifying or eliminating smoking and alcohol intake; increasing exercise and reducing obesity will also help reduce risks. Controlling high blood pressure, high cholesterol, diabetes, and circulation problems can also help.

“If these factors can be controlled, we could eliminate stroke altogether,” he says.

**MICHELLE DALTON, ELS**  
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## GET INVOLVED

### Walk for thought

#### A statewide and community awareness campaign

■ The Brain Injury Association of California has teamed up with a variety of nonprofit organizations to host the *5th Annual Statewide Walk for Thought* in cities throughout California during the months of March and April, 2012.

■ The Walk for Thought is BIA-CAL's largest awareness and fundraising campaign and we encourage all registrants to actively raise funds to help support the ongoing efforts of BIACAL and the nonprofit host organizations so they may continue to provide programs and services in their respective communities. Please join us at a walk site near you. Register online today and create your individual and/or team fundraising page. You can make a difference by encouraging others to do the same.

For more information visit [biacal.org](http://biacal.org)  
editorial@mediaplanet.com



## Heads Up! Learn how to help take concussions out of play!

Get prepared for the season in less than 30 minutes. Complete CDC's FREE concussion training and get FREE print materials for coaches, school professionals, parents, and athletes at [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



## NEWS

TIP

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LEARN NEW  
SKILLS**Question:** : What comes after surviving a stroke or traumatic brain injury?**Answer:** Recovery can prepare patients and their families for the transition back into daily life.

# Continuity of care

## RETURNING HOME

Depending on the type of brain injury, rehabilitation can involve several types of therapy—from physical to occupational, to speech and cognitive. Physical therapy is usually the least time consuming, but the others may continue for months after a patient is discharged from the hospital.

### After a stroke

A good rehabilitation plan and facility will help patients with some of the hidden disabilities that family may attribute to age rather than the post-injury aftereffects, says Anna Barrett, M.D., Director, Stroke Rehabilitation Research, Kessler Foundation (West Orange, N.J.) and president, American Society of Neurorehabilitation.

“Hidden disabilities include loss of functional vision, increased fatigue, and difficulty with communication, among others,” she said. But more importantly, often-times people leave a hospital and believe their rehabilitation is over and whatever issues remain, will remain unresolved. When people who are now in their 70s and 80s (and prime stroke age) were

younger, they often relied on themselves to “fix” a situation, and may view anything outside of “normal” as a poor reflection on themselves. This, in turn, leads to people not discussing what their remaining physical, mental, and emotional difficulties are after being released from the hospital, Dr. Barrett says.

“There was a phone survey a few years ago that asked people recovering from stroke if they had any therapy. Only about 30% reported they had any kind of rehabilitation,” Dr. Barrett says. Involving the family is crucial, she added. If patients are making “mistakes” in their daily living routines—like no longer paying bills, or developing an increased fascination with a particular food—family members should consider ongoing rehabilitation.

“It’s never too late to take part in stroke therapy and no problem is too small,” she says. “There’s always something that can be done to help reintegrate the patient back into their life.”

### After a traumatic brain injury

After a traumatic brain injury “recovery will take a long time,”

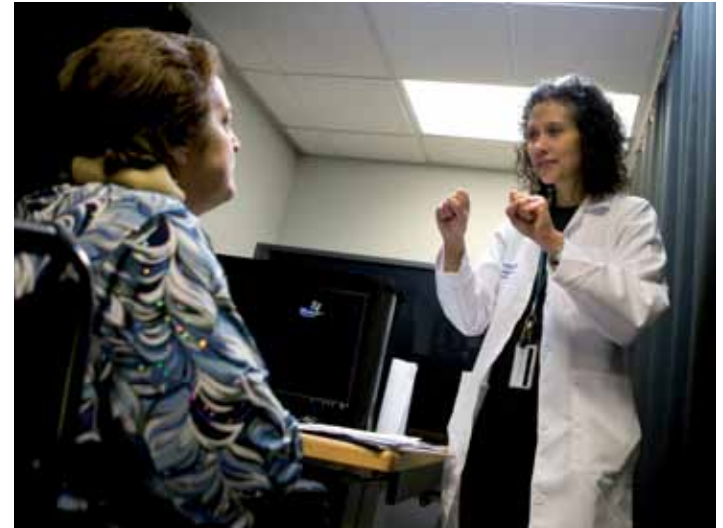


**Gerard E. Francisco M.D.**, Chief Medical Officer, TIRR Memorial Hermann and chairman, Physical Medicine and Rehabilitation, UTHealth

says Gerard E. Francisco, M.D., Chief Medical Officer, TIRR Memorial Hermann and chairman, Physical Medicine and Rehabilitation, UTHealth (Houston). But with dedication and patience, people who survive a brain injury can be independent once again.

As an example, look at Rep. Gabrielle Giffords (D., Ariz.)—she is still recovering and in rehabilitation more than a year after being shot in the head. She initially spent more than five months in inpatient rehabilitation at TIRR. Unable to speak for a good while after awakening from her injury, her husband recalled a morning where she had a panic attack as she realized how trapped in her own body she was without the ability to communicate.

“The scariest thing for these patients is that once they’re released from the hospital, they’re going back into their same world, but as a completely different per-



**PATIENT CARE.** Dr. Anna Barrett working with one of her rehabilitation patients. PHOTO: JOHN EMERSON, PHOTOGRAPHER, COURTESY UMDNJ

son,” Dr. Francisco says. “It goes beyond just the physical therapy that’s needed.” A good rehabilitation program will address the patient’s immediate physical needs but also the longer term emotional needs and, in most cases, a readjustment in both work and home environments.

“I prepare patients for the worst, but tell them we’re hoping for the best,” he says. “Families need to be realistic, too.” If the brain injury occurred in the left hemisphere of the brain, “organic depression is

likely. Reactive depression - when the patient is frustrated they can no longer do what they used to - is also likely,” Dr. Francisco says.

Rehabilitation for the post-brain injury person is absolutely vital, he said. “There is no other field of medicine that looks after the impairment that results from an injury and tries to help the patient become as independent as possible,” Dr. Francisco says.

NEWS

# GETTING AHEAD OF MIGRAINES



**About 36 million Americans —including nearly one in three women— experience the overwhelming pain of migraine headaches. Yet, despite effective treatments and prevention strategies, at least 50 percent don't get the relief they deserve.**

“If you have frequent or severe headaches, it’s worth talking with your doctor,” says American Headache Society president-elect Elizabeth Loder, M.D., Chief of the Division of Headache and Pain at the Brigham and Women’s Hospital in Boston. “Preventive medications may reduce migraine frequency and severity.” Here’s what to discuss with your doctor:

**Describe your symptoms:**

It may be a migraine if the pain lasts 4-24 hours and is on one side of your head, pulses, feels worse if you move and/or keeps you from everyday activities. Nausea and/or vomiting and sensitivity to light and noise are also clues. One in three migraine sufferers have visual disturbances (such as bright lights) beforehand.

**Share your headache diary**

Note migraine triggers like stress, skipped meals, poor

sleep, alcoholic beverages, certain foods and hormonal shifts (in women). Track when headaches happen, the level of pain intensity and, how long it lasts.

**Discuss relief**

“Over-the-counter medications such as ibuprofen or a migraine formula ease migraine pain for many,” Dr. Loder says. “Others may need prescription medications.” Prescription pain relievers called triptans can stop a migraine in some people within 20 to 60 minutes if taken early. Ergotamine-based drugs also bring relief. Avoid medication-overuse by limiting pain relievers to two to three days per week.

**Ask about prevention**

If you get more than one migraine weekly or the pain isn’t helped by other medications, talk with your doctor about prescription drugs for prevention such as beta-blockers, antidepressants and anticonvulsants. “You may have to try more than one,” Dr. Loder says. “It can take two to three months to see if it works.

**What about Botox?**

William J. Binder, M.D., FACS, a Los Angeles plastic surgeon



**HEADACHE THERAPY IS VERY INDIVIDUALIZED. What works for one person may not work for another. And you may have to try a variety of medications and non-drug techniques before you find a cure.** PHOTO: ISTOCKPHOTO.COM

It may be a migraine if the pain lasts 4-24 hours and is on one side of your head, pulses, feels worse if you move and/or keeps you from everyday activities.

who pioneered this treatment, says Botox (OnabotulinumtoxinA) injections, FDA-approved only for chronic migraine prevention, help some people. “At first, patients need shots every three months, but after a while many go to twice a year,” he notes. “Being pain-free can change your life.”

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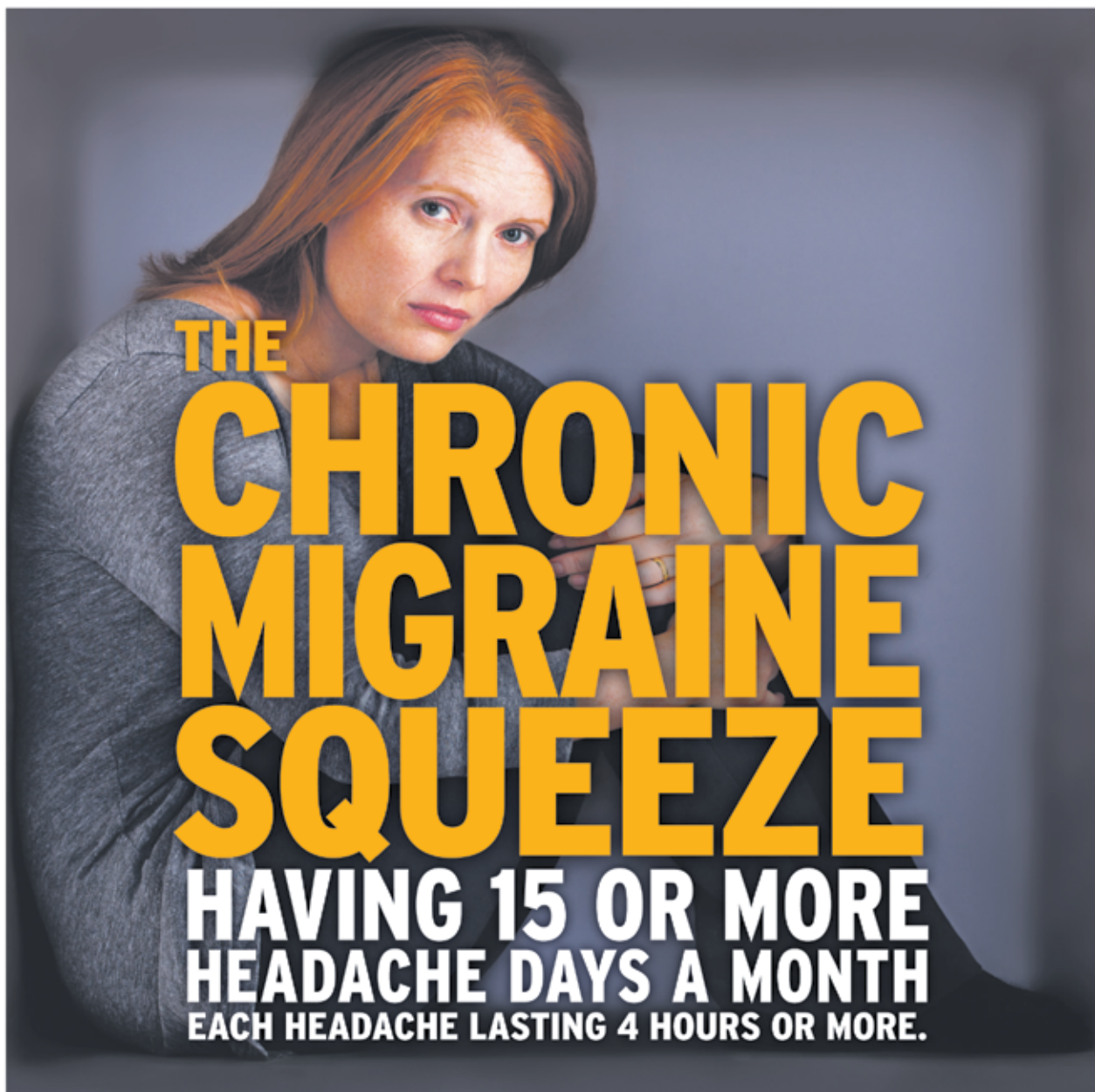
9 TIPS

**Nine things that you and your patients with migraine should know**

- 1 There is a genetic predisposition to migraine.
- 2 Migraine is not just a headache.
- 3 Common migraine food triggers include chocolate, citrus fruit, aspartame, beer and wine.
- 4 Females with migraine often notice a change in their migraine pattern with hormonal fluctuation.
- 5 Some patients with migraine gain relief with simple analgesics while others require antiemetics and migraine specific therapy.
- 6 Too much symptomatic treatment may make headaches worse.
- 7 Headache prevention therapy should be considered for patients with one or more headaches weekly, or for patients with severe, disabling headaches that cause absence.
- 8 “Natural” preventives exist: Headache prevention therapy should be considered for patients with one or more headaches weekly, or for patients with severe, disabling headaches that cause absence from work, school or family events.
- 9 Children get migraines too.

*The American Headache Society has additional resources for practitioners and patients. Visit [americanheadache-society.org](http://americanheadache-society.org) for additional information on the above topics and other resources.*

AMERICAN HEADACHE SOCIETY  
editorial@mediaplanet.com



# THE CHRONIC MIGRAINE SQUEEZE

HAVING 15 OR MORE  
HEADACHE DAYS A MONTH  
EACH HEADACHE LASTING 4 HOURS OR MORE.

## IMPORTANT SAFETY INFORMATION

**BOTOX® may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®:**

- **Problems swallowing, speaking, or breathing**, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months.
- **Spread of toxin effects**. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice (dysphonia),

trouble saying words clearly (dysarthria), loss of bladder control, trouble breathing, trouble swallowing. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.**

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX® has been used at the recommended dose to treat chronic migraine.

**Do not take BOTOX® if you:** are allergic to any of the ingredients in BOTOX® (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as *Myobloc®* (rimabotulinumtoxinB), *Dysport®* (abobotulinumtoxinA), or *Xeomin®* (incobotulinumtoxinA); have a skin infection at the planned injection site.



# ISN'T IT TIME TO REDUCE THOSE HEADACHE DAYS?

**BOTOX® IS PROVEN TO SIGNIFICANTLY REDUCE HEADACHE DAYS EVERY MONTH.**

- BOTOX® is the first and only FDA-approved, preventive treatment for people with Chronic Migraine.
- BOTOX® prevents up to 9 headache days a month (versus up to 7 for placebo).
- BOTOX® is injected every three months by your doctor.

**BOTOX® may be right for you if you have migraine with 15 or more headache days a month with each headache lasting 4 hours or more. BOTOX® is not approved for adults with migraine who have 14 or fewer headache days a month.**

Learn more at [BOTOXChronicMigraine.com](http://BOTOXChronicMigraine.com) and find a doctor who treats Chronic Migraine patients. Because every day is important.

**BOTOX® is a prescription medicine that is injected to prevent headaches in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day in people 18 years or older. It is not known whether BOTOX® is safe or effective to prevent headaches in patients with migraine who have 14 or fewer headache days each month (episodic migraine).**



**The dose of BOTOX® is not the same as, or comparable to, another botulinum toxin product.**

**Serious and/or immediate allergic reactions have been reported.** These reactions include itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you experience any such symptoms; further injection of BOTOX® should be discontinued.

**Tell your doctor about all your muscle or nerve conditions** such as amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including severe dysphagia (difficulty swallowing) and respiratory compromise (difficulty breathing) from typical doses of BOTOX®.

**Human albumin and spread of viral diseases.** BOTOX® contains albumin, a protein component of human blood. The potential risk of spreading viral diseases (eg, Creutzfeldt-Jakob disease [CJD]) via human serum albumin is extremely rare. No cases of viral diseases or CJD have ever been reported in association with human serum albumin.

**Tell your doctor about all your medical conditions, including if you:** have or have had bleeding problems; have plans to have surgery; had surgery on your face; weakness of forehead muscles, such as trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; are pregnant or plan to become pregnant (it is not known if BOTOX® can harm your unborn baby); are breastfeeding or plan to breastfeed (it is not known if BOTOX® passes into breast milk).

**Tell your doctor about all the medicines you take,** including prescription and non-prescription medicines, vitamins, and herbal products. Using BOTOX® with certain other medicines may cause serious side effects.

**Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.**

Especially tell your doctor if you: have received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as *Myobloc*®, *Dysport*®, or *Xeomin*® in the past (be sure your doctor knows exactly which product you received); have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take anti-platelets (aspirin-like products) or anti-coagulants (blood thinners).

**Other side effects of BOTOX® include:** dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, and eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.

For more information refer to the Medication Guide or talk with your doctor.

*You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.*

**Please refer to full Medication Guide including Boxed Warning on the following page.**



Learn more and  
find a doctor near you,  
[BOTOXChronicMigraine.com](http://BOTOXChronicMigraine.com)

## MEDICATION GUIDE

### **BOTOX® and BOTOX® Cosmetic** **(Boe-tox) (onabotulinumtoxinA)** **for Injection**

Read the Medication Guide that comes with **BOTOX** or **BOTOX Cosmetic** before you start using it and each time it is given to you. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. You should share this information with your family members and caregivers.

#### **What is the most important information I should know about BOTOX and BOTOX Cosmetic?**

**BOTOX and BOTOX Cosmetic may cause serious side effects that can be life threatening, including:**

- Problems breathing or swallowing
- Spread of toxin effects

These problems can happen hours, days, to weeks after an injection of **BOTOX** or **BOTOX Cosmetic**. Call your doctor or get medical help right away if you have any of these problems after treatment with **BOTOX** or **BOTOX Cosmetic**:

#### **1. Problems swallowing, speaking, or breathing.**

These problems can happen hours, days, to weeks after an injection of **BOTOX** or **BOTOX Cosmetic** usually because the muscles that you use to breathe and swallow can become weak after the injection. Death can happen as a complication if you have severe problems with swallowing or breathing after treatment with **BOTOX** or **BOTOX Cosmetic**.

- People with certain breathing problems may need to use muscles in their neck to help them breathe. These people may be at greater risk for serious breathing problems with **BOTOX** or **BOTOX Cosmetic**.

- Swallowing problems may last for several months. People who cannot swallow well may need a feeding tube to receive food and water. If swallowing problems are severe, food or liquids may go into your lungs. People who already have swallowing or breathing problems before receiving **BOTOX** or **BOTOX Cosmetic** have the highest risk of getting these problems.

**2. Spread of toxin effects.** In some cases, the effect of botulinum toxin may affect areas of the body away from the injection site and cause symptoms of a serious condition called botulism. The symptoms of botulism include:

- loss of strength and muscle weakness all over the body
- double vision
- blurred vision and drooping eyelids
- hoarseness or change or loss of voice (dysphonia)

- trouble saying words clearly (dysarthria)
- loss of bladder control
- trouble breathing
- trouble swallowing

These symptoms can happen hours, days, to weeks after you receive an injection of **BOTOX** or **BOTOX Cosmetic**.

These problems could make it unsafe for you to drive a car or do other dangerous activities. See "What should I avoid while receiving **BOTOX** or **BOTOX Cosmetic**?"

There has not been a confirmed serious case of spread of toxin effect away from the injection site when **BOTOX** has been used at the recommended dose to treat chronic migraine, severe underarm sweating, blepharospasm, or strabismus, or when **BOTOX Cosmetic** has been used at the recommended dose to treat frown lines.

#### **What are BOTOX and BOTOX Cosmetic?**

**BOTOX** is a prescription medicine that is injected into muscles and used:

- to treat leakage of urine (incontinence) in adults with overactive bladder due to neurologic disease.
- to prevent headaches in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day.
- to treat increased muscle stiffness in elbow, wrist, and finger muscles in adults with upper limb spasticity.
- to treat the abnormal head position and neck pain that happens with cervical dystonia (CD) in adults.
- to treat certain types of eye muscle problems (strabismus) or abnormal spasm of the eyelids (blepharospasm) in people 12 years and older.

**BOTOX** is also injected into the skin to treat the symptoms of severe underarm sweating (severe primary axillary hyperhidrosis) when medicines used on the skin (topical) do not work well enough.

**BOTOX Cosmetic** is a prescription medicine that is injected into muscles and used to improve the look of moderate to severe frown lines between the eyebrows (glabellar lines) in adults younger than 65 years of age for a short period of time (temporary).

It is not known whether **BOTOX** is safe or effective in people younger than:

- 18 years of age for treatment of urinary incontinence
- 18 years of age for treatment of chronic migraine
- 18 years of age for treatment of spasticity
- 16 years of age for treatment of cervical dystonia
- 18 years of age for treatment of hyperhidrosis
- 12 years of age for treatment of strabismus or blepharospasm

**BOTOX Cosmetic** is not recommended for use in children younger than 18 years of age.

It is not known whether **BOTOX** and **BOTOX Cosmetic** are safe or effective to prevent headaches in people with migraine who have 14 or fewer headache days each month (episodic migraine).

It is not known whether **BOTOX** and **BOTOX Cosmetic** are safe or effective for other types of muscle spasms or for severe sweating anywhere other than your armpits.

#### **Who should not take BOTOX or BOTOX Cosmetic?**

Do not take **BOTOX** or **BOTOX Cosmetic** if you:

- are allergic to any of the ingredients in **BOTOX** or **BOTOX Cosmetic**. See the end of this Medication Guide for a list of ingredients in **BOTOX** and **BOTOX Cosmetic**.
- had an allergic reaction to any other botulinum toxin product such as *Myobloc*®, *Dysport*®, or *Xeomin*®
- have a skin infection at the planned injection site
- are being treated for urinary incontinence and have a urinary tract infection (UTI)
- are being treated for urinary incontinence and find that you cannot empty your bladder on your own (only applies to people who are not routinely catheterizing)

#### **What should I tell my doctor before taking BOTOX or BOTOX Cosmetic?**

**Tell your doctor about all your medical conditions, including if you:**

- have a disease that affects your muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig's disease], myasthenia gravis or Lambert-Eaton syndrome). See "What is the most important information I should know about **BOTOX**® and **BOTOX**® Cosmetic?"
- have allergies to any botulinum toxin product
- had any side effect from any botulinum toxin product in the past
- have or have had a breathing problem, such as asthma or emphysema
- have or have had swallowing problems
- have or have had bleeding problems
- have plans to have surgery
- had surgery on your face
- have weakness of your forehead muscles, such as trouble raising your eyebrows
- have drooping eyelids
- have any other change in the way your face normally looks
- have symptoms of a urinary tract infection (UTI) and are being treated for urinary incontinence. Symptoms of a urinary tract infection may include pain or burning with urination, frequent urination, or fever.



- have problems emptying your bladder on your own and are being treated for urinary incontinence
- are pregnant or plan to become pregnant. It is not known if **BOTOX** or **BOTOX Cosmetic** can harm your unborn baby.
- are breast-feeding or plan to breastfeed. It is not known if **BOTOX** or **BOTOX Cosmetic** passes into breast milk.

**Tell your doctor about all the medicines you take,** including prescription and nonprescription medicines, vitamins and herbal products. Using **BOTOX** or **BOTOX Cosmetic** with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX or BOTOX Cosmetic in the past.**

Especially tell your doctor if you:

- have received any other botulinum toxin product in the last four months
- have received injections of botulinum toxin, such as *Myobloc*<sup>®</sup> (rimabotulinumtoxinB), *Dysport*<sup>®</sup> (abobotulinumtoxinA), or *Xeomin*<sup>®</sup> (incobotulinumtoxinA) in the past. Be sure your doctor knows exactly which product you received.
- have recently received an antibiotic by injection
- take muscle relaxants
- take an allergy or cold medicine
- take a sleep medicine
- take anti-platelets (aspirin-like products) and/or anti-coagulants (blood thinners)

**Ask your doctor if you are not sure if your medicine is one that is listed above.**

Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

#### **How should I take BOTOX or BOTOX Cosmetic?**

- **BOTOX** or **BOTOX Cosmetic** is an injection that your doctor will give you.
- **BOTOX** is injected into your affected muscles, skin, or bladder.
- **BOTOX Cosmetic** is injected into your affected muscles.
- Your doctor may change your dose of **BOTOX** or **BOTOX Cosmetic**, until you and your doctor find the best dose for you.
- **Your doctor will tell you how often you will receive your dose of BOTOX or BOTOX Cosmetic injections.**

#### **What should I avoid while taking BOTOX or BOTOX Cosmetic?**

**BOTOX** and **BOTOX Cosmetic** may cause loss of strength or general muscle weakness, or vision problems within hours to weeks of taking **BOTOX** or **BOTOX Cosmetic**. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.** See "What is the most important information I should know about

#### **BOTOX and BOTOX Cosmetic?"**

#### **What are the possible side effects of BOTOX and BOTOX Cosmetic?**

**BOTOX** and **BOTOX Cosmetic** can cause serious side effects. See "What is the most important information I should know about **BOTOX** and **BOTOX Cosmetic**?"

#### **Other side effects of BOTOX and BOTOX Cosmetic include:**

- dry mouth
- discomfort or pain at the injection site
- tiredness
- headache
- neck pain
- eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.
- urinary tract infection in people being treated for urinary incontinence
- inability to empty your bladder on your own and are being treated for urinary incontinence.
- allergic reactions. Symptoms of an allergic reaction to **BOTOX** or **BOTOX Cosmetic** may include: itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you are wheezing or have asthma symptoms, or if you become dizzy or faint.

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of **BOTOX** and **BOTOX Cosmetic**. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

#### **General information about BOTOX and BOTOX Cosmetic:**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

This Medication Guide summarizes the most important information about **BOTOX** and **BOTOX Cosmetic**. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about **BOTOX** and **BOTOX Cosmetic** that is written for healthcare professionals. For more information about **BOTOX** and **BOTOX Cosmetic** call Allergan at 1-800-433-8871 or go to [www.BOTOX.com](http://www.BOTOX.com).

#### **What are the ingredients in BOTOX and BOTOX Cosmetic?**

Active ingredient: botulinum toxin type A

Inactive ingredients: human albumin and sodium chloride

**Issued: 08/2011**

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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U.S. Patents 5,437,291; 5,714,468; 6,667,041; 6,683,049; 6,896,886; 6,974,578; 7,001,602; 7,429,387; and 7,449,192

*Myobloc*<sup>®</sup> is a registered trademark of Solstice Neurosciences, Inc.

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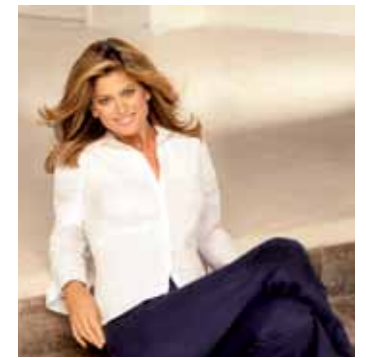
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## INSPIRATION

**KATHY IRELAND FACTS**

1. Kathy Ireland is the world's richest supermodel.
2. kathy ireland Worldwide, Ireland's licensing company, sold \$2 billion worth of licensed products at retail.
3. By 2005, KIWW products were sold at over 50,000 locations in 15 different countries, generating an estimated \$1.4 billion in retail sales.

PHOTOS: kathy ireland Worldwide®



# Model turned mogul

**Last month, Kathy Ireland graced the cover of Forbes Magazine not for her supermodel good looks but for her successful business empire. Ireland, who has appeared in Sports Illustrated for 13 consecutive years now, leads the way in retail products giving long time pioneer, Martha Stewart, a run for her money.**

But this entrepreneur success story has also brought a busy life, full schedule and a long string of migraines for Ireland. For many

years, she questioned, denied and kept quiet the severity of her migraines but then finally decided to do something about it.

**Facing the facts**

Kathy had her epiphany while watching a flight attendant give the emergency response instructions. The attendant reminded passengers that they must secure their own oxygen mask before helping their children. It was then that Kathy realized that she couldn't keep ignoring her own health concerns despite her busy life, "What kind of message does that

send to our children?"

Reflecting on why women oftentimes wait so long to seek help, Kathy remarks, "There can be an association of weakness. We don't want to admit that we've got a challenge or struggle...We have too many things on our plate. We try to do everything and the stress becomes unmanageable. I was 40 years old before I realized 'no' was a complete sentence."

**A place of comfort**

Kathy does not identify as a model, mogul, actress or entrepreneur as much as she considers herself a mother, wife and

**"What kind of message does that send to our children?"**

daughter. She has great empathy for other women in the "squeeze generation" who are caring for both their children and their parents. She understands the need to have a place of comfort and relaxation for oneself and it's this passion that has driven many of her successful home-ware brands which reflect tranquil and soothing color palettes

to help alleviate stress.

What has been successful for Ireland in dealing with migraines? Every day, she looks at her life priorities and focuses on those: faith, family and being of service to her business. When life gets overwhelming she stops and considers whether she is staying true to these priorities first.

"Having someone you can be accountable to, someone who you trust who you can share [your priorities] with is key."

LYNN RAMGREN

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INSIGHT

# Gail Rosseau, M.D., FAANS, FACS

**Title:** Neurosurgeon with NorthShore University HealthSystem in Evanston, Ill.; and member of the American Association of Neurological Surgeons' Board of Directors



MEDICAL INSIGHT

When it comes to concussions and other traumatic brain injuries, neurosurgeons are experts in the field who have long been leaders in the diagnosis and treatment of such conditions. As such, these specialists want to promote public awareness of concussion symptoms and prevention.

## The truth about concussions

**A** concussion is an injury to the brain that results in temporary loss of normal brain function. Although the injured individual may not lose consciousness, he or she often cannot remember what happened immediately before or after the concussion occurred. Memory, judgment, reflexes, speech, balance and muscle coordination all can be affected.

Athletes are at considerable risk. The University of Pittsburgh's Brain Trauma Research Center reports that more than 300,000 sports-related concussions occur annually in the United States. The likelihood of suffering a concussion while playing a contact sport is as high as 19 percent per year of play. In fact, more than 62,000 concussions are sustained each year in high school contact sports alone.

In determining whether an athlete has sustained a concussion, team physicians and trainers may evaluate the player's mental status

using a five-minute series of questions and physical exercises called the Standardized Assessment of Concussion (SAC). Alternately, they may ask what are called the Maddocks questions, queries such as "Which team are we playing today?"

The National Collegiate Athletic Association (NCAA) mandates that every member institution have a concussion management plan for student-athletes requiring that they receive information about concussion signs and symptoms, and sign a waiver of responsibility for reporting injuries to the medical staff. Institutions also must provide a process for removing a student-athlete who exhibits signs of a concussion and having him or her evaluated by an experienced medical staff member before they can return to play. The plan prohibits a student-athlete with concussion symptoms from returning to play on the same day and requires that they be cleared by a physician or a physician's designee before they are permitted to return at all.

Those whose symptoms—mem-

ory and concentration problems, mood swings, personality changes, headache, fatigue, dizziness, insomnia and excessive drowsiness—persist for weeks or months may have postconcussive syndrome and should avoid activities that put them at risk for another concussion. This can lead to second-impact syndrome—the result of acute, often fatal brain swelling that occurs when a second concussion is sustained before complete recovery from the first one. Risk is higher in sports such as boxing, football, ice or roller hockey, soccer, baseball, basketball and snow skiing. Although a single concussion should not cause permanent damage, a second concussion's effects can be deadly or permanently disabling.

The standard treatment for concussion is rest and, for headaches, acetaminophen. For more information on this topic, visit the Patient Information page on concussion at [aans.org](http://aans.org).

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BE INFORMED

### Symptoms of a concussion

- Prolonged headache
- Vision disturbances
- Dizziness
- Nausea or vomiting
- Impaired balance
- Confusion
- Memory loss
- Ringing ears
- Difficulty concentrating
- Sensitivity to light
- Loss of smell or taste

ADDRESS OTHER CHRONIC HEALTH PROBLEMS



PHOTO: ISTOCKPHOTO.COM

### Head injury prevention: Getting your helmet in gear

For athletes, it is important to wear helmets or protective head gear that's been approved by the American Society for Testing and Materials. These items—which come in different sizes and styles for many sports, and must fit properly to provide maximum protection against head injuries—should be worn at all times for:

- Baseball and Softball (when batting)
- Cycling
- Football
- Hockey
- Horseback Riding
- Powered Recreational Vehicles
- Skateboards/Scooters
- Skiing
- Wrestling

Head gear also is recommended by many sports safety experts for martial arts, pole vaulting and soccer.

### Sports tips: More than an ounce of prevention

- Supervise younger children at all times, and do not let them use sporting equipment or play sports unsuitable for their age.
- Do not dive in water less than nine feet deep or in above-ground pools.
- Follow all rules at water parks and swimming pools.
- Wear appropriate clothing for the sport.
- Do not wear any clothing that can interfere with your vision.
- Do not participate in sports when you are ill or very tired.
- Obey all traffic signals, and be aware of drivers when cycling or skateboarding.
- Avoid uneven or unpaved surfaces when cycling or skateboarding.
- Perform regular safety checks of sports fields, playgrounds and equipment.
- Discard and replace sporting equipment or protective gear that is damaged.

## INSPIRATION

George  
Wilson**Team Name and Position:**

Buffalo Bills, Safety, #37

**Accomplishments:** Buffalo Bills Team Captain for four consecutive years. Recipient of the Walter Payton Man of the Year Award in 2009 and 2011. Recipient of the 2011 National Presidential Award from the Council on Fitness, Sports, and Nutrition (PCFSN) for his work with kids to promote a healthy lifestyle.

**Personal experiences with concussions:** "Playing football professionally for eight years I have seen plenty of concussions and injuries on the field. I have been fortunate enough to not have suffered from one personally, but I have seen the effects. It is imperative that if one shows signs of a concussion that they seek medical attention and clearance before returning to the game. As football players we are at high risk to suffer from head and neck injuries. Our heads are our greatest and weakest asset. The NFL has been taking great precautions to ensure the safety of players."

**Advice for student and professional athletes:** "Be diligent about proper helmet fitting, basic football skills and concussion awareness. As an athlete you must take health and safety seriously. It's not about the glory but about being there to play another day."

PHOTOS: (LEFT) DAVID TURNER, (RIGHT) CRAIG MELVIN

