

# MONMOUTH

health & life

christie  
Pearce  
soccer's  
*goal-den girl*



freewheelin' in freehold

**loyal tv binds readers  
to 5 novel booksellers**

keen on keansburg's  
giving grandma

**2 apple orchards ripe  
for the picking**

stay well

- when danger lies in weight
- memory loss: it's not always alzheimer's
- living with cystic fibrosis

# SIGNS OF THE SEASON

There may still be time to enjoy the summer sun, but before you know it, a chill will return to the morning air, you'll find yourself digging out those wool coats and socks, and one day you'll look up into the trees and see the signs: Fall is on its way.

In this issue of Monmouth Health & Life, we offer a few features to help you meet autumn with open arms. If apple picking is a favorite pastime of yours this time of year, turn to *Glorious Food* on page 72 for mouthwatering ideas for what to cook with that freshly picked harvest. And leaf hunters won't want to miss "Autumn in Vermont" (page 56) for a fall foliage escape that's fit for a quick weekend getaway and fun for the whole family.

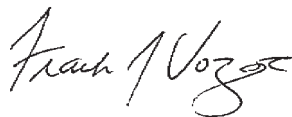
As kids get ready to go back to school, however, you may be more inclined to stay close to home. To make those early bedtimes a little more comforting, be sure to read "Child's Play" on page 40 for tips on how to create a youngster's room that's playful, durable and flexible enough to grow.

While the rest of us get ready for fall, Christie Pearce is gearing up for a different kind of season. See "All the Right Moves" on page 22 and get to know Monmouth University's top soccer pro as she readies for the 2003 World Cup competition. We hope she wins big.

Our Health Link section (page 47) celebrates winners of a different kind. There you'll meet boxing promoter Cedric Kushner, who admits that before undergoing surgery for obesity this year he had a moment of doubt. And you'll read a first-person account by Margaret Lapsanski, a 20-year-old cystic fibrosis patient who's busy working, studying, having fun and planning for a long future. These two have courageously embraced the medical steps needed to prolong and improve their lives. And they've shared their stories so that others might benefit.

You never know what challenges fate will throw your way, in health or circumstances. For Bob Sickles Jr., growing up on a bountiful farm was a splendid opportunity. The way he seized that chance—and guided the evolution of the now year-round Sickles Market in Little Silver—is a story you'll read on page 36.

In a way, a change of seasons symbolizes opportunity for us all. So as you're walking along the shore or sailing around the bay, take an extra moment to savor the last warm days of summer, then glance ahead. The colors of a new season are almost here.



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# MONMOUTH

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## HOW TO USE HEALTH NEWS

### 6 questions to ask about medical reports in the media

**M**onkey pox! A brand new pill! Life-saving surgery! A study showing that foods you thought were good for you are suddenly verboten! It seems you can't turn on the TV or open a newspaper these days without seeing news about health care. And it's no wonder. Editors and news directors know that we're always curious about whether or not we will live long and feel good.

But, beware. Headlines can easily morph into hype, making a new medicine or surgery seem a universal boon when, in fact, it may not be right for you. And news stories warning of a health threat such as an epidemic can play on fears and become too shrill.

"I think the coverage of SARS [severe acute respiratory syndrome] has been a bit sensationalized," says Daniel Shine, M.D., chair of internal medicine at Monmouth Medical Center. "But on the whole, I'm surprised the lay press does as well as it does."

Indeed, health reporters face tough constraints: They must explain complex topics in simple terms in a brief print space or air time, with little time to prepare. Inevitably, context and nuance often suffer.

So how to make sense of today's health care news? Ask six questions to put reports in perspective:

**1. WHAT'S THE SOURCE?** Many news stories are based on articles in peer-reviewed medical journals, and that's good. In these journals, articles are not published until their methods and results are reviewed by several experts in the field. But remember that you're depending on the writer who summarizes the article. You can bone up in your library or on the Internet, but again, consider sources. Joe Smith's Web site may be pushing his own agenda.

**2. WHAT ARE THE NUMBERS?** If the news is about a disease, how many people have contracted it?

If it's about a study, how big was the study sample? "Think what the numbers mean," says Dr. Shine. "If a complication happened 100 percent more often after a new procedure, that could mean two out of 10,000 people were affected before, and now four are affected. True, that's a relative increase of 100 percent. But the absolute risk of four in 10,000 may be worth taking due to other benefits." Note, too, if the study included a control group (subjects who did not receive the treatment) and, if so, whether subjects were chosen at random for treatment or control. This way you know that patients were alike at the start of the study.

**3. WHAT'S BEING COMPARED?** "Drug companies like to tout studies that compare their products to nothing," says Dr. Shine. "They say, 'Our drug is better than placebo.' That may be true, but placebo is not how we treat most illnesses. It's more useful to compare a new medication to the current treatment."

**4. WHAT'S LEFT UNSAID?** What's the cost of that new breakthrough treatment? Do insurance plans cover it? What are its side effects? Might other proven remedies, less novel, work as well?

**5. WHAT REMAINS UNKNOWN?** Medical knowledge isn't complete—or static. In fall 2001, incomplete understanding of the anthrax threat led to public reassurances by officials that turned out to be wrong. And last year, experts changed their views about the safety of a popular hormone therapy product because a new study had reversed earlier conclusions.

**6. WHAT DOES YOUR DOCTOR SAY?** Your physician doesn't have all the answers, but it's part of his or her job to help you understand your health. Says Dr. Shine: "You can always go to your doctor and say, 'Listen, I've read this. What do you think?'" **M**

# HEALTH **Link**

AGING GRACEFULLY

## the thief of memory

*Cruelly, Alzheimer's disease claims the mind before it takes the body*

The poetry was inadvertent. The elderly woman, once known for her articulateness and wit, now stood in the doorway, befuddled by family members coming in from a drizzle and wielding wet umbrellas. From somewhere she voiced her confusion.

"You're running me round with rainbows!" she declared.

That picturesque remark was one bright moment on a dark journey. The woman had Alzheimer's disease, which takes its victims on a one-way voyage to incoherence. First described in 1906 by the German physician Alois Alzheimer, it's the most common form of the age-related dementias once lumped together as "senility."

Alzheimer's affects about 4 million Americans, destroying brain cells and striking first in the part of the brain that controls memory and reasoning skills. There is no cure, and it's fatal if another illness doesn't claim a person first. It takes 50,000 lives a year. No wonder we're afraid of it.

Yet fear shouldn't keep seniors from getting checked out by a doctor. Other conditions can produce memory difficulties that are similar to early-stage Alzheimer's, and in some cases these losses can be reversed with treatment. Even if the diagnosis is Alzheimer's, there are medications now that can temporarily



ease symptoms of the disease and make more good times possible.

"Everybody occasionally suffers from memory problems," says Tulay Ersan, M.D., chief of geriatrics at Monmouth Medical Center. "You can't find your keys or your checkbook, say. But if lapses in short-term memory are interfering with daily living chores, you should see your doctor."

Other causes of memory problems include strokes, depression, thyroid abnormalities, vitamin deficiencies, sleep disorders and—rarely—brain tumors. Because there is no sure-fire test for Alzheimer's, ruling out these other conditions is a strategy often used by doctors to evaluate a patient for the disease.

"The person's medical history is a key factor, and we always talk with family members who know him or her really well," says Dr. Ersan.

### A disease of old age?

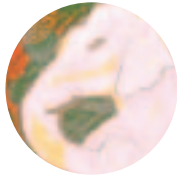
We know today that senility—dementia often attributable to Alzheimer's disease—is not a natural result of aging, but a specific symptom of illness. But Alzheimer's does usually strike the elderly, and one's risk of contracting it soars with age. The malady affects 10 percent of individuals over age 65, but nearly 50 percent of those over 85.

### what the doctor does

To check for Alzheimer's, physicians test blood, urine and thyroid function, test for liver or kidney disease and vitamin deficiencies, and do psychiatric evaluations and the standardized Mini Mental Status Exam.

Performed at the bedside in just a few minutes, this exam assesses cognitive skills such as

continued



## the thief of memory

immediate and delayed recall, “executive function” (ability to perform tasks), orientation to place and time and ability to follow instructions and do basic computations. Doctors may also use a computed tomography (CT) scan or a magnetic resonance image (MRI) to show if the brain shows signs of damage from small strokes that may help to explain the symptoms.

If dementia is present and other possible causes are ruled out, the patient may be given a diagnosis of probable or possible Alzheimer’s—the disease usually cannot be identified for sure except in an autopsy after death. Facing such a diagnosis, of course, is a difficult moment for the patient and his or her family. But thanks to increasing public awareness—notably

in the wake of former President Ronald Reagan’s disclosure in 1994 that he had the disease—patients and caregivers can find numerous resources to help them.

### treatments today—and tomorrow

Three medications may delay the worsening of memory that Alzheimer’s brings. They do so by boosting levels of acetylcholine, a chemical that aids communication between nerve cells and that has been found to be deficient in the brains of Alzheimer’s patients. The three, all approved by the Food and Drug Administration, are donepezil (trade name Aricept), galantamine (Reminyl) and rivastigmine (Exelon). These drugs, however, do not slow the disease’s ultimate pace, which varies greatly among patients, bringing death in as little as three years or as many as 20.

The FDA is testing another drug that has been used in Germany for several years, and 30 or 40 other new medicines are being studied.

### To find a support group

If your family is facing Alzheimer’s, you can find a wealth of information—and support groups for patients or caregivers—by calling the Alzheimer’s Association at 1-800-272-3900, or visiting its Web site at [www.alz.org](http://www.alz.org).

### goal: prevention

Most of us would act to keep from getting Alzheimer’s if we could. Here, unfortunately, science doesn’t yet offer full answers. Increasing evidence, however, suggests that such known heart-disease risk factors as high blood pressure, elevated cholesterol and high levels of the protein building block homocysteine may also heighten the risk of Alzheimer’s. Some protection may come from vitamin E, which is found in peanuts, almonds, safflower oil and corn oil. Vitamin E is an antioxidant, and antioxidants counter the damage done by free radicals, unstable molecules that set the stage for cancer, heart disease and also, some experts believe, Alzheimer’s.

“The same global research network exploring treatments is also seeking effective preventive strategies,” says the Web site of the Alzheimer’s Association. In the future, if scientists have their way, the poetic phrases of our senior years will be things we say on purpose. M

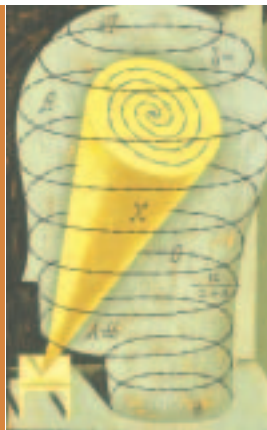
## Signs that it’s time to see your doctor

Have you wandered parking lots, looking for your car?

That means you’re human. We all forget things sometimes, and as a senior, you may find that what you had for lunch today is less vivid in your mind than the 1948 election returns. That doesn’t prove it’s Alzheimer’s disease.

“But if you’re having trouble with what we call instrumental activities of daily living, it’s a good idea to consult your doctor,” says Tulay Ersan, M.D., chief of geriatrics at Monmouth Medical Center. The examples listed below may have causes other than Alzheimer’s, but they do warrant getting checked out, especially if you’ve had more than one of them:

- Getting lost while driving a familiar route
- Forgetting to take needed medications
- Having trouble managing your bank account
- Having difficulties following a recipe or assembling a meal
- Avoiding social occasions because of fear that memory lapses will embarrass you



## making medicine personal

*In caring for patients, these physicians draw on their lives as well as their learning*

**W**hat makes a good doctor? Training and clinical skill count most, but personal experiences also give physicians different strengths they can use in caring for patients.

A case in point is a pair of female ob/gyns who opened up a practice just last month. Andrea Price, M.D., 37, and Anu Chakraborty, M.D., 33, have started the Women's Health Alliance of New Jersey, a new obstetrics and gynecology practice on Highway 35 in Eatontown.

Medical credentials they've got. Dr. Price, who lives in Fair Haven, is a 1991 graduate of Case Western Reserve University who completed a residency at York Hospital, York, Pa., in 1995. Dr. Chakraborty, a Tinton Falls resident, earned an M.D. at the University of Medicine and Dentistry of New Jersey in 1994 and finished her residency in 1998 at Saint Barnabas Health Care System affiliate Newark Beth Israel Medical Center. (Both are on staff at Monmouth Medical Center, and Dr. Chakraborty is the wife of Frank J. Borao, M.D., Monmouth's director of laparoscopic surgery.)

Monmouth Health & Life recently talked with these physicians about how their experiences help them.

**MH&L:** Dr. Price, I understand you did a lot of acting in school and considered an acting career. Why did medicine—and obstetrics/gynecology—win out?

**DR. P:** I found it more nourishing intellectually. As for ob/gyn, it clicked for me in medical school when each of us was assigned a pregnant patient to follow through labor and delivery. In ob/gyn, you get to share the most important time in someone's life, when a child is born. It's an incredible privilege to be able to participate in that sacred moment.

**MH&L:** Does acting experience help you as a doctor?

**DR. P:** Absolutely! Actors work with emotions, and



those skills help me connect with patients and develop trust. I believe in treating the whole person. If you've treated a physical illness but have not addressed the worries that keep a patient awake nights, you've failed.

**MH&L:** Dr. Chakraborty, in May, 2002, you saw obstetrics from a new direction: You gave birth to twins. Has that helped you as a doctor?

**DR. C:** Yes. I used to have lots of ideas about what it's like to be a mother—some of them wrong. Patients would

say, "My baby cries during the night," and I'd flip through the baby books and say, "Feed him cereal at midnight." I felt so smart. Then when my own babies cried, I was feeding them all this cereal! Now, when patients ask, I say, "Well, they just cry at night, but eventually they out-grow it." It's nice to be able to relate to patients in more than a medical way.

**MH&L:** How will your practice be different from others?

**DR. C:** Computerized office management will give us more time to spend with patients.

We'll put technology to work to serve women, stressing laparoscopy and minimally invasive surgery.

**DR. P:** We will also encourage the use of techniques such as endometrial ablation to preserve the uterus. And we'll work with women who want to try herbal solutions to menopause or depression.

**DR. C:** Maybe because we're young at heart, we're open to new ways of doing things. **M**



Young at heart: Andrea Price, M.D., (LEFT) and Anu Chakraborty, M.D.

## SURGICAL STRIDES

**when danger lies in weight***For very obese patients, a gastric bypass operation can be a life-saver*

**B**oxing promoter Cedric Kushner isn't the shy type, but he never dared wear a red sports jacket. Such attention-getting garb would be too much for a man whose weight had climbed to 385 pounds. Wasn't it bad enough that his company produced a syndicated TV show called *Heavyweight Explosion*?

This spring, however, Kushner's life changed, thanks to what he calls "a miracle operation," a gastric bypass performed at Monmouth Medical Center (MMC) by Frank J. Borao, M.D., director of laparoscopic surgery.

Morbid obesity—being more than 100 pounds in excess of your ideal body weight—is more than a threat to vanity. "It's a disease," says Dr. Borao. "Obesity is a much greater cause of death than any cancer." For the morbidly obese, when serious efforts at diet and exercise have repeatedly failed to achieve permanent weight reduction, an operation may be the answer.

Kushner, a native of South Africa who came to this country in 1971, had been an athletic 220-pounder in the 1980s. But then he got caught in a spiral of weight gain from which no diet or exercise program could free him. "Life was a nightmare," he recalls. "I could only sleep two hours a night, because I was more comfortable sitting upright than lying down. Booths in restaurants were difficult to fit into."

"A good pal would say to me, 'For heaven's sake, you're 54 years old, when are you going to put yourself on diet?'" he recalls. "I would respond in an angry fashion: 'Mind your own business! I'm going to outlive you!'"

But inside, it hurt.

"When someone tells you the truth about your body, it's difficult to deal with," says Kushner. "And you know it's a reality. He's

right. You are going to die."

As Borao explains it, the two main kinds of surgery for obesity now performed at MMC are lap band, in which a constricting ring is placed around the stomach, and gastric bypass, or "stomach stapling," in which a small gastric pouch is created from the stomach and a large section of the intestines is bypassed. Lap band surgery is reversible and adjustable; gastric bypass is permanent.

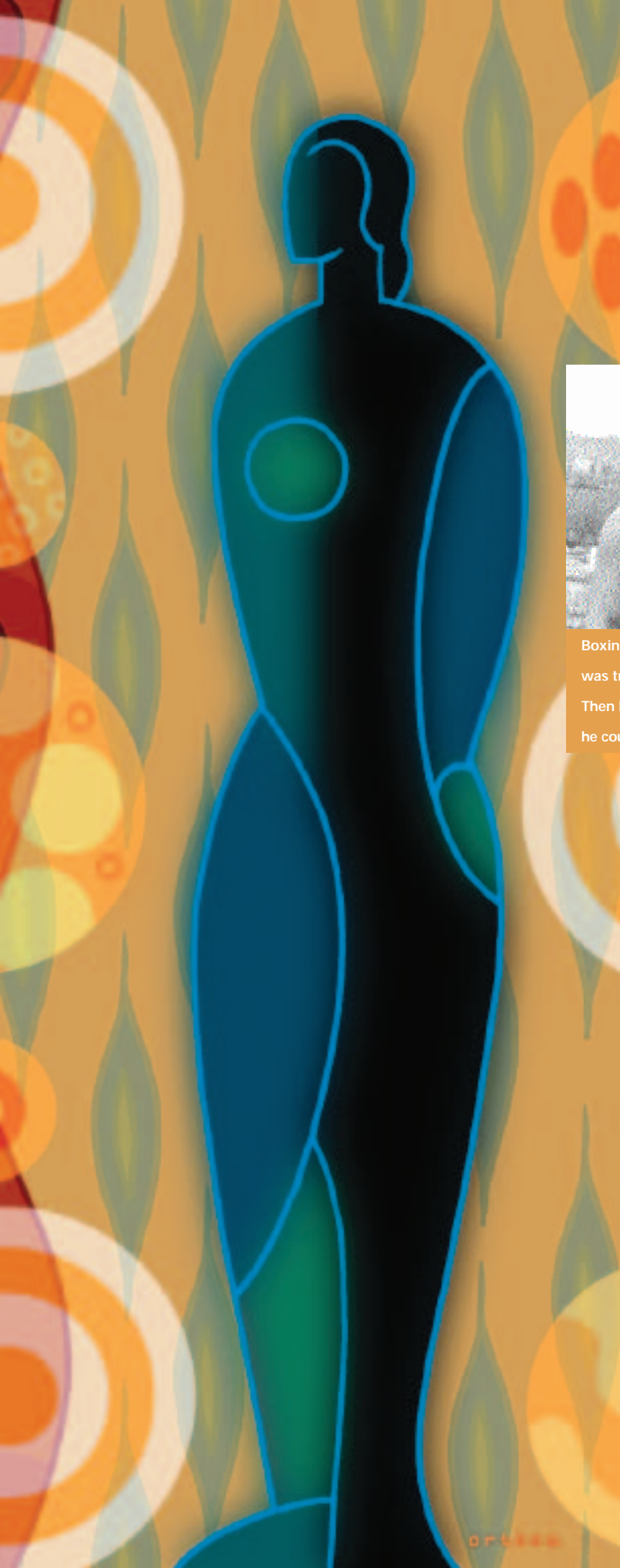
Gastric bypass carries a higher risk of complications, but also makes possible more dramatic weight loss. Because patients are left with a gastric pouch that is so small, they consume only enough fluid and food to meet daily requirements. They must adhere to a postsurgical diet of liquids for the first week, pureed foods for the next four weeks, and small amounts of solids, which must be eaten slowly and chewed carefully, for the rest of their lives. Simple sugars such as ice cream are prohibited, as are fatty fried foods.

The National Institutes of Health has criteria for which patients are right for gastric bypass surgery. Patients are eligible, Dr. Borao says, if they have a body mass index of 40—or 35 if they have other medical conditions besides obesity. (To obtain your body mass index, divide your weight in kilograms by the square of your height in meters.) Kushner's BMI was about 58, and he suffered from diabetes. He also had obesity-related obstructive sleep apnea, a disorder in which one briefly stops breathing many times each night. It so affected his sleep that he would nod off during business meetings.

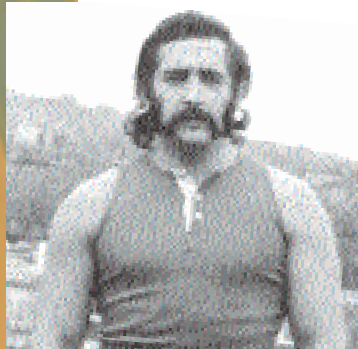
Clearly, he was a candidate for surgery. And last year he was about to schedule it, but second thoughts struck. "I said to myself, 'Why don't you have the strength and will power to lose the weight

**fast fact**

Recent research suggests a genetic basis for some extreme obesity. In one study, obese subjects were found to have a defect in gene coding for the hormone leptin, which helps regulate the appetite; in another, such individuals lacked a key enzyme that converts another hormone into neuropeptides (biochemical compounds made up of amino acids) that limit the desire to overeat.



yourself so that you don't have to have this drastic procedure?" he recalls. When a couple months of further effort yielded little progress, he says, "I asked myself, 'Are you a wimp?' But after six months, I realized that it had nothing to do with my masculinity. It's just the hardest thing in the world to lose weight."



Boxing promoter Cedric Kushner was trim and athletic in the 1980s. Then began a cycle of weight gain he could not control.

Then Kushner decided for real. He had the required pre-operative psychiatric evaluation "to make sure I knew what I was doing," as he says. And on April 7 of this year, Dr. Borao performed the procedure. He used the laparoscopic method, which takes only five incisions, each less than 1/4-

inch wide, rather than the 18-inch cut once required for the operation.

In just three months Kushner lost 82 pounds; he expects that his weight will ultimately decline to 225. He is back playing tennis and using a treadmill, and his outlook has been transformed.

"I feel great," he says. "No—great is an understatement. I feel dramatically different."

The sleep apnea is gone, and so is the diabetes. "In 95 percent of patients with Type 2 [adult-onset] diabetes who have this procedure," says Dr. Borao, "the diabetes resolves within a few weeks of the surgery."

"The way Cedric was heading," he adds, "his life expectancy was probably less than five to 10 years. Losing this weight can prolong life by 15 to 20 years."

Asked what recommendation he'd give someone eligible for gastric bypass who is considering the surgery, says Kushner, "The sooner you make an appointment with your doctor, the sooner your life will change—for the better."

And about that red sports jacket?

"Now," says Kushner with a smile, "I can buy it someday." **M**

To find out more about gastric bypass surgery at Monmouth Medical Center, call 732-923-6070.



TAKING CHARGE

## childhood's deadliest malady

*Science makes strides against an illness that shortens lives*

The little boy misunderstood. Having heard his mother on the phone doing her volunteer work, he reported: "You're working for 65 roses!"

Cystic fibrosis (CF), which sounds almost the same, is a lot less pretty than the gentle nickname that child gave it almost four decades ago. The most common life-shortening genetic condition among people of European descent, it affects about 30,000 Americans, and 2,000 babies are born with it each year.

In patients with CF, a defective gene disturbs the function of glands, causing them to produce a thick mucus that clogs the lungs, leading to potentially life-threatening respiratory infections. Secretions also block the pancreas, preventing digestive enzymes from reaching the intestines to break down and absorb food particles. CF can cause diabetes, osteoporosis and reproductive problems. According to a patient registry kept by the Cystic Fibrosis Foundation, an organization set up by parents in 1955, the median lifespan for people with CF is 33.4 years.

But many patients today are beating that average lifespan by decades—and enjoying a better quality of life, too—thanks to recent strides made by medical science. One example is the treatment required to loosen mucus from the lungs. Until recently a therapist or family member had to clap the patient on the chest, back and sides for hours each day. Now there are inhalation nebulizers and special vibration vests to help with that task. Earlier diagnosis gets children critical help sooner, and the value of exercise for CF patients is now more fully appreciated. Aggressive,

multidisciplinary treatment adds years of active life for young people who once would not have survived to adulthood. And gene therapy offers the prospect of further advances.

"Care for CF patients has greatly improved," says Robert L. Zanni, M.D., a pediatric pulmonologist who for 18 years has been medical director of the Cystic Fibrosis Center at Monmouth Medical Center. "We take a multifaceted approach to treat-

### fast fact

More than 10 million Americans carry a faulty gene that controls the movement of sodium, chloride and water in and out of cells. When two of these individuals have a child, there's a 25 percent chance that he or she will be born with cystic fibrosis.

ment, which includes a nutritional component because of the difficulty patients have in absorbing nutrients."

At Monmouth, Dr. Zanni guides the care of some 75 children and adolescents with cystic fibrosis, while fellow pulmonologist Dean Patton, M.D., supervises the care of 35 patients in the state's only accredited program for treating adults with the disease. Assisting the two physicians are a nutritionist, a respiratory therapist, a geneticist, a social worker, a psychologist and a physical therapist as well as nurses.

Recently, Monmouth was designated by the CF Foundation as a comprehensive care, teaching and research center for the disease. "By achieving this status," Dr. Zanni explains, "we've opened the doors to participate in the latest clinical research trials looking at ways to control symptoms, as well as therapies that could potentially cure the disease." **M**



## TAKINGCHARGE

by Margaret Lapsanski

# Life with cystic fibrosis: one patient's story

*This young woman's cough is not contagious—  
but her enthusiasm is*

Lincroft resident Margaret Lapsanski, 20, was diagnosed with cystic fibrosis at three months old. For more than 16 years she has been under the care of Robert L. Zanni, M.D., medical director of the Cystic Fibrosis Center at Monmouth Medical Center. Now a junior at Lafayette College in Easton, Pa., majoring in business and economics, she recently shared her story with Monmouth Health and Life.

The fact that I have cystic fibrosis isn't the first thing I tell people about myself. I want people to get to know me for me, you know? Many of my friends didn't know for years.

Sometimes, though, I wish people knew more about my disease. My cough, for example. People look at me sometimes when I'm coughing as if to say, "Oooh! What's that from?" But I guess I should be glad I look healthy enough that they think it's just some bug I've got.

I've been lucky with my condition, really. I've only been in the hospital six times in 20 years. I know kids with CF who are in the hospital a few times a year.

Of course, CF does affect my routine. Each day, for 45 minutes in the morning and again in the evening, I do physical therapy for my lungs. I put medicine in a nebulizer, attach it to a machine, and then breathe in. The medicine opens up my airways so I can breathe better. I also use a piece of equipment called the Flutter. This shakes up my lungs and clears out the mucus. I usually use that as my down time and take a break from homework to watch TV. Before the Flutter came along, when I was in seventh grade, one of my parents had to clap me on the chest or back for about an hour twice a day to accomplish the same thing.

Then there's the feeding tube. I have to be hooked up to it for about four hours each evening so I get enough nutrition. But I also eat normal meals. Once I met a doctor who assumed that the feeding tube meant that I couldn't eat regular food. I was like, "No, I eat. But I need the feeding tube as well!"

That's why I appreciate Dr. Zanni. He really knows CF—and he knows me. I trust him 100 percent.



Life with cystic fibrosis, says Margaret Lapsanski, is up and down like a roller coaster.



During my first semester at college it was a little rough finding the right balance among school, my social life and managing my health. But it got easier as I got used to it. I've been having some good times at college, and I'm in a sorority. My friends from both high school and college are very important to me. Getting as much time with them as I can is my priority.

But my friends are healthy, and sometimes it's hard for them to understand. I feel like I have to shake them and

say, "I have cystic fibrosis!" On a weeknight, they'll be like, "Come out, come out!" and I'll say, "I can't. I need to get some things done." I try to keep it to two or three nights a week that I go out and enjoy myself. Some kids stay up all night, to study or something. I can't do that. I need to get the full eight hours of sleep to be myself the next day, and fully functioning.

My family has been great. I have a healthy sister who is 17 months older. And yes, maybe she was drawn into the CF world a little bit, and maybe she missed out on some attention because of all the focus on my disease. But she and I and my parents and my extended family are very close, and we kind of hide behind laughter and jokes. We all know how to make each other laugh and be very silly and stupid.

People ask if I ever get mad and wonder, "Why me?" Yes, sometimes I do. I was irritated that I had to be in the hospital this summer, for instance. But at the same time, where does that get me?

I know I may not have a typical lifespan, but I try not to think about that. Because if I were thinking about that, I wouldn't be going to school, trying to get a job and hoping to get married, you know? I'm going on normal, like I'm going to live to be 80. And as fast as medicine is advancing, who knows? Maybe I will. **M**