

MESSAGES FROM LEADERSHIP



"During the recent omicron surge, our healthcare workers went above and beyond during an extraordinarily difficult time. Their commitment to their patients and the community was incredibly gratifying and is representative of the extraordinary dedication of

our RWJBarnabas Health workforce."

BARRY H. OSTROWSKY

CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



"Jersey City Medical Center is the hospital of choice for Hudson County because of our incredible staff, our team. Our medical center relies on every one of our 2,500 employees to provide first-rate care—healthcare providers, environmental services workers, security

personnel, behavioral therapists, pharmacists and more. They have allowed us to be the only hospital in our area to consistently stay open for maternity, behavioral health and emergency services throughout the pandemic."

MICHAEL PRILUTSKY

PRESIDENT AND CHIEF EXECUTIVE OFFICER, JERSEY CITY MEDICAL CENTER

Jersey City Medical Center



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HEALTH NEWS



CENTER FOR SLEEP DISORDERS **RECEIVES ACCREDITATION**

The Center for Sleep Disorders at Jersey

City Medical Center (JCMC) has received program accreditation from the American Academy of Sleep Medicine (AASM). To receive and maintain accreditation for a five-year period, a sleep center must meet or exceed all standards for professional health care as designated by the AASM.

The Center for Sleep Disorders is located at 410 Jersey Avenue in Jersey City. To learn more or schedule a consultation, call 201.915.2020 or visit www.rwjbh.org/jcmcsleep.

JCMC SECURES HIV GRANT FROM STATE

JCMC's Center for Comprehensive Care (CCC) has been awarded a \$315,000 "Comprehensive Status-Neutral HIV Services for Focus Populations" grant from the New Jersey Department of Health. The CCC provides comprehensive medical services and case management to individuals infected with HIV in Jersey City/Hudson County. This grant will allow the center to enhance engagement and linkage to care for at-risk or HIVpositive individuals and support innovative approaches toward the goal of ending the HIV epidemic. To learn more about the CCC and its services, call 201.204.0004 and press option 4.



VIRTUAL CLASSES OFFERED FOR **EXPECTING MOMS AND FAMILIES**

JCMC offers a yearlong schedule of virtual courses for breastfeeding, childbirth and infant care. Classes typically run for two hours, and fees vary. Visit www.rwjbh.org/ jcmcevents for a full schedule and descriptions. To register or for more information, call 201.915.2365.

healthogether contents

SPRING 2022

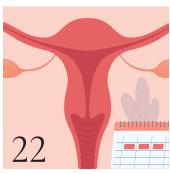












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- 4. RELIEF FOR **SEASONAL SNEEZING.** The scoop on

medications.

- 5. HOW SPRINGTIME **AFFECTS YOUR SLEEP.** More light can lead to better nights.
- 6. WHAT CANCER **CLINICAL TRIALS COULD MEAN FOR** YOU. If you or a loved one needs treatment, here's what to know.



9. 3 FAST FACTS ABOUT **CANCER CLINICAL** TRIALS. Where to find the latest treatments.

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Manager Shawn Lynch, RPh, fills a prescription at the Barnabas Health Retail Pharmacy at Bayonne.

RELIEF FOR **SEASONAL SNEEZING**

A PHARMACIST GIVES THE SCOOP ON THE MEDICATIONS THAT CAN HELP.

or springtime allergy sufferers, the season of blooming is also the season of sneezing. While there's no cure for allergies, the good news is that many over-the-counter and prescription medications can help to ease or control symptoms.

"Remember that any medication, whether over-the-counter or prescription, should be taken exactly as directed," says Shawn Lynch, RPh, Manager of the Barnabas Health Retail Pharmacy at Bayonne.

Some of the most common allergy relief medications include:

• **Decongestants.** These cause swollen blood vessels and tissue to narrow, thus allowing air to move more freely through the nose. The most commonly used forms are liquids and tablets. However, nose sprays or drops may be prescribed.

Don't take decongestants if you have uncontrolled high blood pressure, and talk to your doctor before taking

them if you have diabetes, glaucoma, a heart condition or prostate or thyroid problems.

• Antihistamines. These relieve or prevent allergic rhinitis (hay fever), hives, itching from bug bites and more. The drugs block the effects of histamine, a substance produced by the body during an allergic reaction. Antihistamines come in tablets, capsules, liquids, nasal sprays or drops, eye drops or injections and are available both over-the-counter and by prescription. Speak with your doctor before taking them if you have high blood pressure, glaucoma, prostate issues or thyroid or heart disease.

• Immunotherapy (allergy shots).

These injections contain a tiny amount of the substance—such as pollen, mold spores, animal dander or dust mitesthat's triggering an allergic reaction. As increasing doses of the allergy extract are administered, the person's natural immune system is enhanced and learns

BARNABAS HEALTH RETAIL PHARMACY, AT YOUR SERVICE

A brand-new retail pharmacy is now serving the Bayonne community. Barnabas Health Retail Pharmacy at Bayonne offers fast, convenient prescription services and is conveniently located at the same site as Jersey City Medical Center's Satellite Emergency Department and RWJBarnabas Health Medical Group practices.

"Our pharmacy staff understands the complex needs of patients and offers expertise, personalized care, service and compassion," says Joe Voelkel, RPh, Assistant Vice President, Retail Pharmacy Network, RWJBarnabas Health. "From the most routine prescriptions to the most complex acute care medications and pain management regimens, we deliver exceptional service. And we're always available to answer any questions patients might have so that they can achieve the best results from their treatment plan."

to fight off the allergens. Allergy shots, which don't contain medications such as antihistamines or corticosteroids, are often used to treat hay fever, conjunctivitis, asthma or stinging insect allergies.

• **Bronchodilators.** These medications, available by prescription, are used to relax and open the airways to relieve coughing, wheezing, shortness of breath or difficulty in breathing. They're usually inhaled but may also come in the form of a tablet, liquid or injectable.

Barnabas Health Retail Pharmacy at Bayonne, Suite 2400, 519 Broadway, is open Monday to Friday from 10 a.m. to 6 p.m. Call 551.214.3586.



changes in your sleep. The reason for that? "Zeitgebers," explains Jyoti Matta, MD, Director of the Center for Sleep Disorders at Jersey City Medical Center. "That's what we call the cues that affect your body's internal clock. When it comes to sleep, the two most important zeitgebers are light and hormone regulation."

Many people experience sleep changes, for better or worse, during the spring and summer. Here's why:

- More daylight leads to a decrease in the body's production of melatonin, the hormone that induces sleep.
 - Longer stretches of daylight and



JYOTI MATTA, MD

the rise in outside temperature can inhibit sleep.

• On the other hand, more exposure to sunlight during the day increases the creation of serotonin, the

more awake during the day and calmer at bedtime.

• The switch to Daylight Savings Time (DST), when clocks are set an hour ahead, can cause sleep disruption, though most people soon adjust.

Spring's increase in allergens also can cause an uptick in sleep troubles, says Dr.

"Many people will have more nasal congestion with seasonal allergies," she says. "They will begin to snore or have restless sleep. Some now notice they have obstructive sleep apnea, in which breathing stops and starts, or their sleep apnea gets worse."

HAVE A GOOD NIGHT

Good sleep hygiene will help improve the quality and quantity of your sleep, no matter the season, Dr. Matta says.

Her advice:

• Go to sleep and wake up at the same time each day.

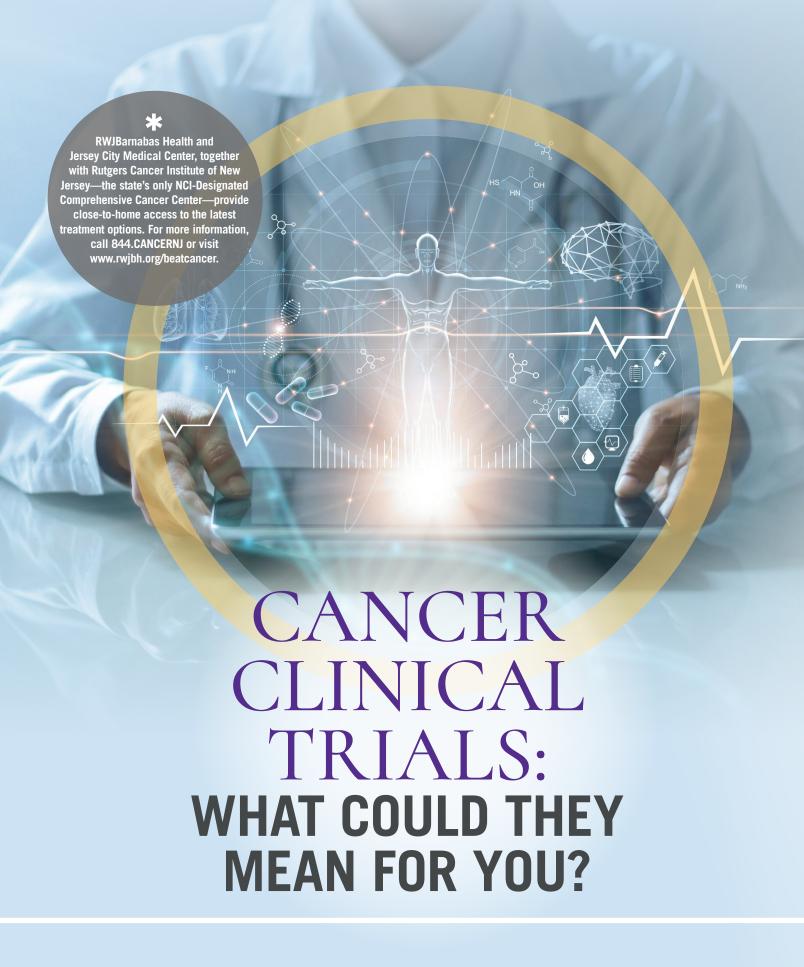
affordable light boxes with 2500

LUX bulbs. It can really make a

- Use the bedroom for sleep only, not for watching TV or working on the computer.
- Establish a nightly routine—brushing teeth, putting on PJs, turning off the TV.
- Create a restful atmosphere: darkened and quiet room, comfortable temperature.
- Avoid caffeine, alcohol and big meals before bedtime.
 - Get exercise during the day.

For persistent sleep problems that disrupt your daytime activities, consider an evaluation at the Center for Sleep Disorders.

To contact the Center for Sleep Disorders at Jersey City Medical Center, call 201.915.2020 or visit www.rwjbh.org/hudsoncounty.



IF YOU OR A LOVED ONE NEEDS CANCER TREATMENT, HERE'S WHAT YOU'LL WANT TO KNOW.

mmunotherapy, CAR T-cell therapy, precision medicine and cancer clinical trials are just a few of the medical breakthroughs that are saving lives.

Clinical trials are research studies in which patients volunteer to help test highly promising new treatments. These trials are not available everywhere, but cancer patients at Jersey City Medical Center (JCMC) have access to more than 200 of them, thanks to JCMC's partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"The purpose of a clinical trial is always the same: to come up with better treatments," says Stefan Balan, MD, Director of Oncology Services at ICMC.

What's it like to participate in a clinical trial?

Patients are thoroughly informed about how the trial will work. "Consent isn't just a piece of paper," says Dr. Balan. "It's a process. It means that the patients are given the chance to understand what the potential pros and cons of participating are, and that they have all their questions answered. No one should sign a consent form until they feel that everything has been explained."

In addition to receiving advanced treatments, patients in clinical trials receive extraordinarily attentive medical care. "Patients tell us their experience has been very positive," Dr. Balan says.

How are cancer clinical trials designed?

Long before a new cancer treatment is tested in a clinical trial, scientists begin by studying cancer cells in

the laboratory and identifying a target that might be vulnerable to treatment. They then work on devising a treatment that will be effective against that target.

The new medication or treatment first gets studied in the laboratory and, when appropriate, is moved to the clinical setting as a clinical trial.

Next, there is an evaluation to make sure that the laboratory evidence supports further investigation and that the trial's design is ethically sound.

Human trials of new treatments are done in three phases: first to assess safety, then to examine the treatment's effects on cancer and finally to compare it to standard treatments.

How do I know if a trial is right for me?

Before a patient can take part in a clinical trial, he or she must be evaluated for eligibility. Every trial has a long list of inclusion and exclusion criteria.

Some trials treat early-stage cancer and others target laterstage disease, so patients should periodically ask their oncologist whether there are any clinical trials they could be eligible to join.

"If there's a clearly beneficial standard treatment for a patient's cancer, we will recommend that," says Dr. Balan. "But if we judge that a current clinical trial is right for a patient, we'll offer the option. We do this in the hope that this clinical trial will not only benefit a particular patient, but will change the way we treat this cancer going

To learn more about clinical trials offered at JCMC, speak to your oncologist.

ADVANCES THROUGH CLINICAL TRIALS

All the medications and treatments we use today were first developed through clinical trials. Notable recent advances in treating cancer include:



IMMUNOTHERAPY, which uses the power of the body's own immune system to target cancer cells specifically and avoid healthy cells.

PRECISION MEDICINE

(also called personalized medicine), which uses specific information about a person's tumor to make a diagnosis and plan individualized

treatment—for example, using targeted therapies to treat specific types of cancer cells.

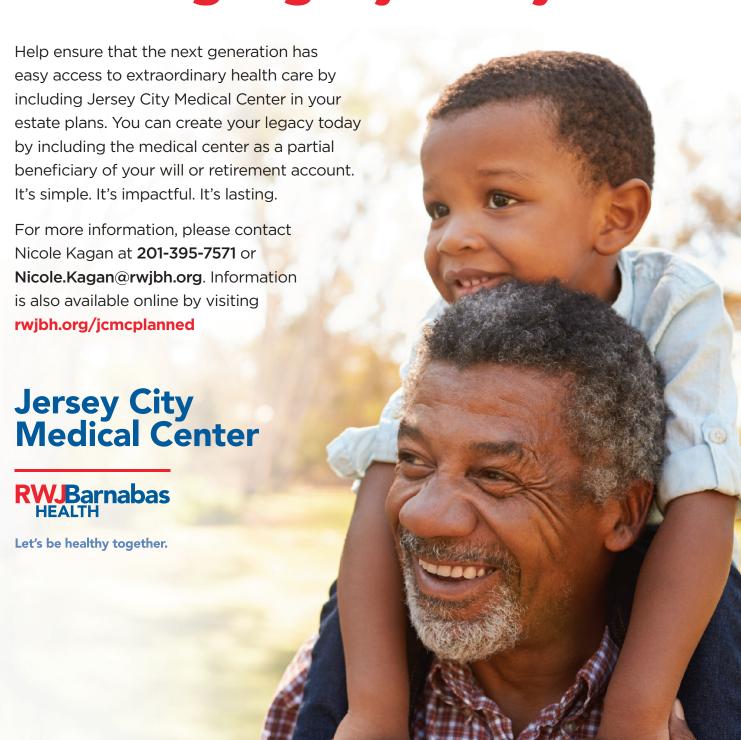


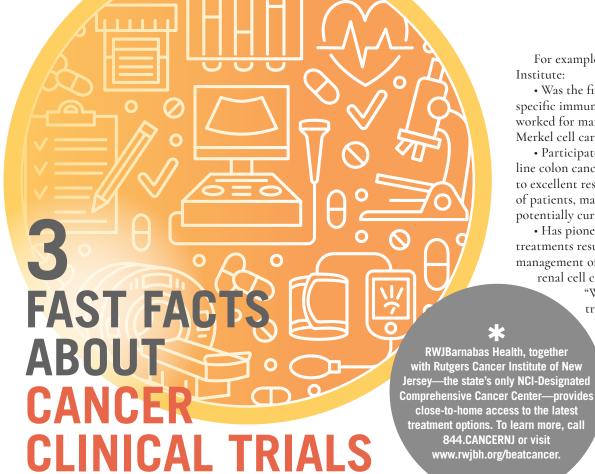
CANCER CARE, **CLOSE TO HOME**

Jersey City Medical Center delivers multidisciplinary cancer care in Hudson County. Patients don't need to travel far in order to receive advanced cancer treatment options, including clinical trials, complex surgical procedures and sophisticated radiation therapy techniques.

To find an oncologist at Jersey City Medical Center or to learn more, call 844.CANCERNJ or visit www.rwjbh.org/cancer.

Create a healthy tomorrow by leaving a lasting legacy today.





HOW RWJBARNABAS HEALTH AND RUTGERS CANCER INSTITUTE OF NEW JERSEY OFFER TOMORROW'S TREATMENTS TODAY

ancer clinical trials often save lives. If you or a loved one needs treatment for cancer, here's what you should know:

FACT #1 You don't have to travel to a nearby city, such as New York or Philadelphia, to access a clinical trial.

As New Jersey's only National Cancer Institute-Designated Comprehensive



HOWARD HOCHSTER, MD

Cancer Center, Rutgers Cancer Institute of New Jersey, together with RWJBarnabas Health (RWJBH), offers a wide range of clinical trials, many of which aren't available

Patients may participate in a clinical trial either at an RWJBH hospital near where they live or at Rutgers Cancer Institute.

"We've integrated cancer care so that we're putting the standards and expertise of an NCI-Designated Comprehensive Cancer Center, as well as clinical trials, in all 12 hospitals in the RWJBH system," says Howard Hochster, MD, FACP, Director, Oncology Research for RWJBH, and Associate Director, Clinical Research, for Rutgers Cancer Institute.

FACT #2 Clinical trials have led to significant advances in treatment.

Treatments developed through these trials have helped tens of thousands of patients.

For example, Rutgers Cancer Institute:

- Was the first to offer trials with specific immunotherapy drugs that worked for many skin cancers, especially Merkel cell carcinoma.
- · Participated in a trial for a firstline colon cancer treatment that led to excellent responses for a number of patients, making them eligible for potentially curative surgery.
- Has pioneered immunotherapy treatments resulting in better management of many cancers, including renal cell cancer and bladder cancer.

"When I started out treating colon cancer 25 years ago, we had only one drug available, and it dated back to the 1960s," says Dr. Hochster. "Since that time, we've developed three new chemotherapy drugs and five new targeted drugs for colon cancer, and all of them were

trials. Now people are living with colon cancer, on average, four times as long as they used to."

developed through clinical

www.rwjbh.org/beatcancer.

FACT #3 Clinical trials are not a last resort.

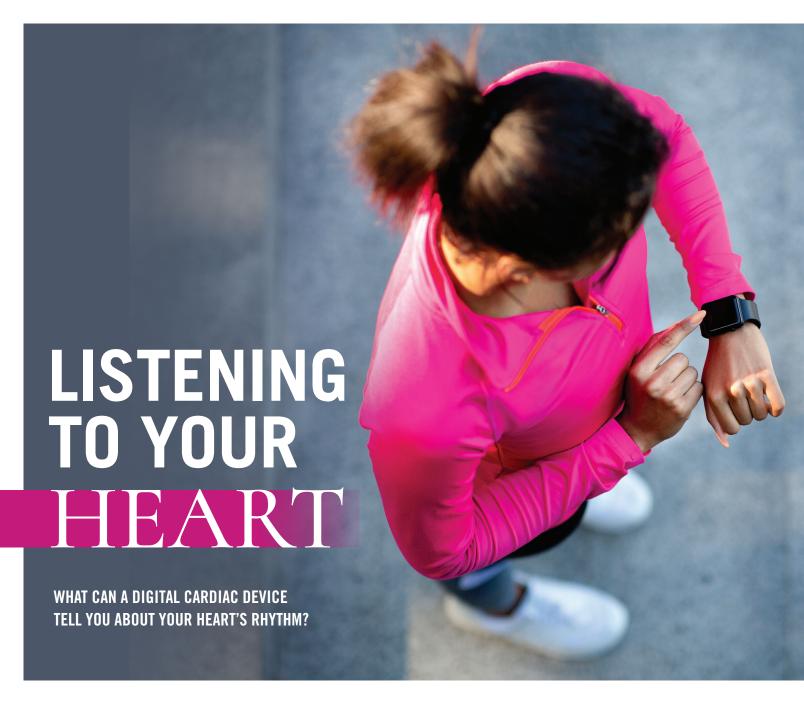
"It's important for people to understand that enrolling in a clinical trial is often an option for a first-line or early treatment," says Dr. Hochster. "These trials are a way for us to give patients the latest treatments before they're widely available. They offer tomorrow's treatments today."

To determine whether a patient would be best suited for a clinical trial or for standard care, each individual case is evaluated by a multidisciplinary team of cancer experts from throughout RWJBH and Rutgers Cancer Institute.

Rutgers Cancer Institute and RWJBH currently offer approximately 270 different clinical trials.

To learn more about clinical trials at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call 844.CANCERNJ or visit www.cinj.org/clinical_trials.





all your doctor," said the message on the 87-year-old woman's Apple Watch. A regular walker and exerciser, the woman wasn't feeling right, so she'd







GARY ROGAL, MD

checked the Heart Rate app. It showed that her heart rate was significantly slower than normal.

Her son took her to the emergency department, where an electrocardiogram determined that there was a problem with the electrical signals in her heart. The next morning, doctors implanted a pacemaker.

"Her diagnosis was clearly aided by her having an Apple Watch," says the woman's cardiologist, Gary Rogal, MD, Medical Director for RWIBarnabas Health Cardiovascular Services and a member of RWJBarnabas Health Medical Group. "I believe wearable digital devices

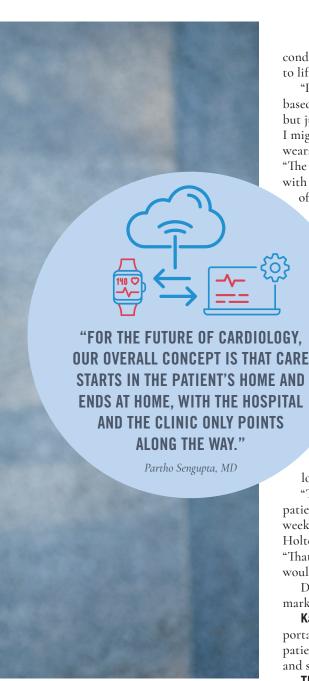
that measure heart rhythm will become a major addition to the diagnostic tool kit for cardiologists."

Who should wear one of these devices? The short answer: people whose doctors recommend it.

"Wearable cardiac devices are very handy tools, but you have to be selective about how you use them," says Dr. Rogal.

THE HEART'S RHYTHM

The main value of wearable cardiac technology lies in its ability to detect cardiac arrhythmias, or irregular heartbeats, Dr. Rogal explains. These



occur when the electrical signals that coordinate the heart's beats don't work properly. In turn, the heart can't pump blood effectively.

Symptoms of arrhythmia include a fluttering in the chest, shortness of breath, fainting, dizziness or a feeling that the heart is racing or beating too slowly. The symptoms may be brief or long-lasting, and they can indicate a

condition that's anywhere from harmless to life-threatening.

"If I'm concerned about arrhythmia based on what the patient is telling me, but just can't nail down the diagnosis, I might suggest that a patient use a wearable cardiac device," says Dr. Rogal. "The decision should be made along with a physical exam and a knowledge of the patient's medical history and symptoms. If there's no real reason

to have one, wearing the device could do nothing more than make a patient anxious."

NEW TOOLS

An early form of wearable cardiac technology, the Holter monitor, has been around for decades. This device uses electrodes (small, plastic patches on the skin) to record the electrical activity of the heart.

"A patient can wear a Holter monitor for 24 to 48 hours or even longer," Dr. Rogal explains.

"The reality is, though, that some patients have arrhythmias once every few weeks or even every few months, and a Holter monitor could miss that," he says. "That's the type of thing a smartwatch would pick up."

Dozens of wearable devices are on the market today. Examples include:

KardiaMobile, a pocket-sized portable EKG machine that allows patients to put their fingers on sensors and share the results with their doctor.

The MCOT Patch System. which monitors the heart rhythm for two weeks via a sensor on the patient's chest.

Other digital cardiac devices, which must be implanted by a physician, are also coming into wider use. Examples include:

A device called **CardioMEMS**, which monitors pulmonary artery pressure and sends the results to a team of clinicians.

A loop recorder, a device smaller than a USB flash drive, that's placed just

underneath the skin near the breastbone. It can continuously record a patient's heart rhythm for up to three years. "If a patient calls me and says, 'Hey, I'm feeling funny, a little lightheaded,' I can interrogate the loop recorder and see what the heart rhythm was during that symptom," says Dr. Rogal.

ARTIFICIAL INTELLIGENCE

The key to the success of these technologies lies in artificial intelligence (AI)—the ability of a computer to compare an individual's data against that of thousands of other patients and flag information that may be significant.

"AI allows information to be provided to the care team in a very nuanced way," says Partho Sengupta, MD, Chief of the Cardiology Service Line at Robert Wood Johnson University Hospital (RWJUH) and Chief of the Division of Cardiology at Robert Wood Johnson Medical School. "The device will only send an alert if it thinks the data is moving in the wrong direction and the patient is not doing well, as opposed to a steady stream of data, which can be overwhelming."

The cardiology team at RWJUH meets regularly with doctors in the community to discuss the digital transformation of cardiology and consider innovations for treatment. Dr. Sengupta and his colleagues are conducting several clinical trials, including one for an armband that can monitor multiple physiological signals and offer personalized recommendations for a patient's care.

"For the future of cardiology, our overall concept is that care starts in the patient's home and ends at home, with the hospital and the clinic only points along the way," Dr. Sengupta says. "In order for us to connect the whole journey, we need to have the ability to continuously monitor a patient's health.

"It's like how we use a GPS to help us on a road journey," he says. "Now it's time to take that approach and apply it to our health journeys."

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit www.rwjbh.org/heart.





THE FREEDOM TO BREATHE

WITH A DOUBLE LUNG TRANSPLANT, A BLOOMFIELD MAN IS REBORN ON THE FOURTH OF JULY.

n Sept. 11, 2001, Tony Moyet began his workday the same way as he had for the previous five years, by transporting about 300 commuters per trip from Hoboken to the World Financial Center in Manhattan on a NY Waterway ferry.

"That morning, though, when I dropped off a set of



THIRUVENGADAM ANANDARANGAM, MD



JESUS GOMEZ-ABRAHAM.

passengers, I saw the gaping hole in the North Tower, with flames coming out of it," Moyet recalls. "I radioed [then NY Waterway port captain] Michael McPhillips and told him to send boats down in case we

needed to help people evacuate."

That was after the first plane hit the World Trade Center. When the second one hit, crowds of people looked frantically for a way out of lower Manhattan. "We were the first boat to start evacuating," Moyet recalls. "We were facing a stampede."

He worked until 3 a.m. the next day, transporting people away from danger. For the next year and a half, he continued to work in the Ground Zero area, shuttling federal agents, policemen, firemen and workers from throughout the country to lower Manhattan.

Some two decades later, Moyet himself needed help. In January 2018, he sought care for what he thought was a severe cold with a cough that wouldn't stop. "My doctor told me it was COPD [chronic obstructive pulmonary disease]," he says. Longterm lung problems are an unfortunate reality for many 9/11 first responders, who breathed in massive amounts of smoke, dust and fumes.

FINDING A MATCH

Once Moyet received his COPD diagnosis, his lung function deteriorated rapidly. By spring 2020, he had developed endstage COPD/emphysema and end-stage advanced pulmonary disease. He needed inhaled oxygen 24 hours a day; he couldn't climb stairs or sleep without it.

"He told me, 'Doc, I just need two more years to see my daughter graduate from high school," says pulmonologist Thiruvengadam Anandarangam, MD, Division Chief, Pulmonary and Critical Care Medicine at Newark Beth Israel Medical Center (NBI). "I told him that we're hoping we can give him enough time to see her graduate and also to walk her down the aisle someday."

Moyet's best hope to extend his life was a double lung transplant. "At the time, he was on 17 medications and medical management wasn't providing any more relief," says transplant surgeon Jesus Gomez-Abraham, MD, Associate Surgical Director of Lung Transplantation at NBI and a member of RWJBarnabas Health Medical Group.

Dr. Gomez-Abraham added Moyet to the lung transplant database on Friday, July 2. While the average lung transplant patient waits four months for a match, and even longer when a double lung transplant is required, Moyet's care team found his match the very next day. "That was amazingvery unusual," Dr. Anandarangam says. "He was listed on Friday. On Saturday, we found a donor in a neighboring state. I traveled there to look at the organs, and they matched Tony's size and blood type perfectly."

On Sunday, July 4, Dr. Gomez-Abraham performed the double lung transplant. Eighteen days later, Moyet returned home.

BREATHING EASIER

His fast recovery, say his doctors, was driven by his determination to get better. "When I saw him just before the transplant, he was already in better shape than the last time I had seen him," Dr. Gomez-Abraham says. "He had done what he needed to do to improve his nutrition, and was doing pulmonary rehabilitation and physical therapy to increase his chance of better results."

Moyet credits his caregivers at NBI for their guidance and persistence. "After the transplant, I had to learn to walk and move all over again," he says. "My nurses pushed me to keep going, even on days I didn't want to walk. They were dressed in blue; I called them my Blue Angels. They're the sweetest people in the world."

Just two months after his double lung transplant, Moyet, 65, was taking walks again with his wife, Arlene, and 15-yearold daughter, Sophia. "I don't need oxygen, and my lungs are working great," he says. He commemorated the 20th anniversary of 9/11 by joining a group chat hosted by the World Trade Center Health Program. And he's planning for a bright future, including a possible trip to Europe.

"My doctors are great people—miracle workers," Moyet says. "They cared so much and saw me in the hospital every day. It was a great team that put me all back together again."



Tony Moyet with his family at NBI's cardiothoracic ICU, several days after his lifesaving lung transplant surgery.

SPECIAL CARE FOR SERIOUS **LUNG PROBLEMS**

People with the most complex lung conditions rely on the Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center (NBI), the only lung transplant program in New Jersey.

Who is a candidate for a lung transplant?

"The majority of patients have end-stage COPD and emphysema," says Jesus Gomez-Abraham, MD. "Other possible candidates are those with cystic fibrosis or pulmonary fibrosis as well as those with certain congenital cardiac diseases."

Candidates at NBI are evaluated through a multidisciplinary approach that includes surgeons, pulmonologists, cardiologists, gastroenterologists and others.

What is life like after a lung transplant?

"Patients will increase their lung function capacity up to 60 to 90 percent," says Dr. Gomez-Abraham. "Once the transplant has settled in, the majority of patients do not need oxygen. They can go to the mall, go to the beach, go to the family reunion, go back to work. The lung transplantation gives them the freedom to develop a normal life."

To learn more about transplant services at Newark Beth Israel Medical Center, call 888.724.7123 or visit www.rwjbh.org/lungtransplant.



OVERCOMING **EATING DISORDERS**

CASES HAVE BEEN ON THE RISE DURING THE PANDEMIC. ESPECIALLY AMONG TEENS.

eing quarantined at home, not being in school for extended periods, not seeing friends or playing organized sports: The restrictions of the pandemic have been keenly felt by adolescents.

Pandemic-related stressors seem to be behind a recent dramatic increase in reported symptoms of eating disorders binging, purging, drastically reduced caloric intake—as well as a doubling of hospitalizations for those issues.

"The kids we're seeing are much more medically compromised and much more entrenched in the behaviors than we've seen in the past," says Lynn Corey, LCSW, CEDS/S, CETP, Clinical Manager of Behavioral Health Outpatient Services at Robert Wood Johnson University Hospital (RWJUH) Somerset.

"The pandemic has made the eating disorders worse, because so much of teens' lives feels out of their control,"

explains Corey, who works with the RWJUH Somerset Eating Disorders Program. "An eating disorder is really not about food; it's a maladapted coping mechanism. Food becomes used as a means of giving themselves power over their lives.

"Moreover," Corey continues, "when teens aren't in school, there are fewer eyes on them—school nurses, guidance counselors and teachers—to notice changes and collaborate with parents."

GETTING HELP

If a parent is worried about a child's eating habits, a trip to the primary care provider is a good first step, Corey says. "If the pediatrician feels things aren't looking good, that can open the door for parents to set up an evaluation with our program."

Thanks to its hospital affiliation, the RWJUH Somerset program is



COPING WITH **EATING DISORDERS:** TIPS FOR FAMILIES

- Express honest affection, verbally and physically.
- Teach children to communicate with assertiveness so they can resist inappropriate messages from their peers, the media and others about weight.
- Do not demand weight gain or berate a family member.
- Develop a dialogue about personal issues other than food and weight.
- Get support and educate yourself through books, professional help and talking with other families.

equipped to assess potential medical complications in a patient—a critical point, because eating disorders can cause harm to every organ system in the body. Initial tests may include blood work, an electrocardiogram and more.

The patient will also undergo a psychiatric evaluation to determine whether he or she is a candidate for one of the program's levels of treatment:

- Inpatient treatment in a 14-bed unit that offers psychological, medical, nursing and nutritional care.
- Partial hospitalization, up to five days a week, with three hours of therapy
- Intensive outpatient services, up to three days a week, with three hours of therapy per day.

The program offers weekly support groups for patients and for family and friends. "Our programs are inperson, not virtual, because that human

> interaction is so important in connecting with patients," Corey says. "So many people tell us, 'I just don't want to talk to a computer screen."

To learn more about RWJUH Somerset's nationally recognized Eating Disorders Program, call 800.300.0628 or visit www.rwjbh.org/eatingdisorders.





AN AMBITIOUS CAPITAL **CAMPAIGN AIMS TO ENSURE THAT** ALL CHILDREN CAN REACH THEIR FULL POTENTIAL.

CHILDREN

A BOLD VISIO

hen the youngest son of Todd and Jackie Frazier was hospitalized briefly, his parents got a window into what parents of patients at Children's Specialized Hospital (CSH) go through.

"We understand that every day your child is not well, you're waiting for that bit of good news, for your child to make progress from the day before," says Todd, a local Toms River legend and Major League Baseball All-Star. "When we visited Children's Specialized, we were able to see that everyone on the staff at the hospital is so passionate about caring for these children."

"The whole vibe was so loving and positive," says Jackie Frazier. "Everyone An RWJBarnabas Health facility

Children's Specialized Hospital®

needs to know that this place provides the absolute best care for kids living with special needs."

So when the Fraziers were asked to team with the CSH Foundation to help raise \$45 million in support of the Transforming Lives 2.0 capital campaign, they readily stepped up. "We want everyone to know that each and every one of us can make a difference for kids living with special needs right here in New Jersey by supporting the expansion of Children's Specialized through this campaign," says Todd.

MAJOR INVESTMENTS

The Transforming Lives 2.0 campaign aims to do nothing less than design the next generation of care through major investments in both inpatient and outpatient resources. Improvements



Professional third baseman Todd Frazier—a local hero since his role on the Toms River 1998 Little League World Series Championship team—and his wife, Jackie, have stepped up to the plate for CSH. Above, the Fraziers with Mark Montenero and Ed McKenna, co-chairs of the Transforming Lives 2.0

will include new technologies, such as artificial intelligence, and expansion to new locations. A particular focus is on care for patients with autism, including sophisticated new technologies for screening, assessment, intervention and caretaker training.

The Transforming Lives 2.0 campaign is co-led by community leaders and members of the CSH Foundation Board of Trustees Mark Montenero, President of Autoland Toyota, Jeep, Chrysler, Dodge, and Ram Trucks in Springfield, and Ed McKenna, Esq., Senior Partner at McKenna, Dupont, Stone and Washburne, and former mayor of Red Bank.

"This campaign will enable us to increase access to CSH's essential and innovative programs and services," says Matthew B. McDonald III, MD, President and CEO of CSH. "With every new patient we meet through this period of expansion and enhancement, we get one step closer to realizing our vision of a world where every child can reach their full potential. Having the Fraziers on board, as well as the other esteemed cabinet members, makes me confident that we will reach our goal."

To learn more or make a donation to enhance the future for New Jersey's children living with special healthcare needs, visit www.childrens-specialized.org/ transforminglives or write to foundation@childrens-specialized.org.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Monmouth, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.



A NEW SERVICE PROVIDES CUSTOMIZED SUPPORT.

ou're trying to quit smoking. You really want a cigarette. What do you do?

Pills, medications and patches can help a person overcome a nicotine addiction. But equally important is to have support from the people in your life—loved ones, colleagues, healthcare providers—and from trained counselors who understand just how challenging the journey can be.

The free Nicotine and Tobacco Recovery Program offered by the RWJBarnabas Health Institute for Prevention and Recovery (IFPR) employs a full range of tools to quit smoking, including counseling and support groups. Last summer, the program unveiled a new support option: a text-based service known as the Tobacco Recovery Concierge. The service offers real-time support via texting for moments when triggers or cravings are strong.

"In these cases, we can offer tips for a behavior change that they can make to help the craving subside, such as going

for a walk, having a drink of water or doing breathing and relaxation exercises," explains Monica Hanna, MPH, CHES, NCTTP, Assistant Director of the Nicotine and Tobacco Recovery Program.

"Research has shown that cessation counseling and support can double a person's chances of success when quitting nicotine," she says. "This new service allows us to tailor messages to patients for whatever they're going through at the moment."

NOT JUST A HABIT

Powered by GoMo Health, the Tobacco Recovery Concierge provides regular motivational and educational messages based on where a person is in his or her quit journey. These scheduled messages might include a link to a website where people share their stories, or to a calculator for figuring out exactly how much a person will save by quitting

For times when participants need immediate support, they can text one of a number of keywords such as "craving," "mood," "relax" or "meet." Responses might include motivational messaging or a link to login information for IFPR Zoom meetings. A chat feature is also available through a HIPAA-secure portal.

The program, which began in July 2021, has served more than 200 people so far and gets about 30 new signups each month, Hanna says.

Quitting nicotine can be as hard as quitting heroin or cocaine, research shows. On average, people try to quit smoking five to seven times before they quit for good.

"Our goal is to break down the stigma of nicotine addiction. Even healthcare providers too often regard it as a bad habit," Hanna says. "Instead, we approach it the same way we would treat a chronic disease such as diabetes or heart failure. We help patients deal with the physiological effects. And we know that when we combine that approach with counseling, a person's chances of success are much greater. No one should feel like they have to make this journey alone."



YOU CAN QUIT. WE CAN HELP.

The Nicotine and Tobacco Recovery Program includes nicotine replacement therapies, recommendations on prescription smoking medication, and individual and group counseling. The program, funded by the New Jersey Department of Health Office of Tobacco Control, Nutrition and Fitness, is offered free of charge by the RWJBarnabas Health Institute for Prevention and Recovery in Essex, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union counties.

To learn more, call 833.795.QUIT (7848), email quitcenter@rwjbh.org or visit www.rwjbh.org/nicotinerecovery.



YOUR HIP HURTS. WHAT'S CAUSING IT?

IDENTIFYING THE PROBLEM IS THE FIRST STEP TO GETTING RELIEF.

hronic pain in the hip is not uncommon, and it can substantially reduce a person's quality of life. "However, not all hip pain is due to the same cause," says orthopedic surgeon Richard Yoon, MD, Director of Orthopedic Research at Jersey City Medical Center.

One common culprit is osteoarthritis of the hip bones. Another is sciatica, or



RICHARD YOON, MD

nerve pain due to injury to the sciatic nerve.

WHERE AND **HOW DOES IT HURT?**

"If you feel pain in the groin—what I call 'front-pocket

pain'—you may be suffering from hip arthritis," Dr. Yoon says. "Hip arthritis causes stiffness and can make it hard to get out of your car or bend down to tie shoelaces."

Arthritis can also cause pain in the lower back, he explains, as can sciatica. "Sciatica, which is often caused by a pinched nerve, can feel like an electric shock that radiates from the buttocks down through the hip and leg," he says. "It may also cause weakness or numbness. Sciatica may hurt more with movement than arthritis does, and may make it harder to bend your knees or flex your toes."

A hip or spine specialist can figure out the major cause of the pain via a physical exam and X-ray, possibly followed by an MRI.

ARTHRITIS OR SCIATICA?

ARTHRITIS:

- Erosion of the joint and wearing away of protective cartilage.
- Can develop after an injury or from daily wear and tear over time, especially high-impact activity such as sports or manual labor.
- Osteoarthritis of the hip bones affects up to a third of U.S. adults.

SCIATICA:

- Nerve pain due to injury to the sciatic nerve, which runs from the lower back through the hips, buttocks and legs.
- Risk factors include age-related changes to the spine, obesity, diabetes and prolonged sitting.
- Up to 40 percent of Americans will experience sciatica at some point.

HOW CAN YOU GET RELIEF?

"For both diagnoses, the first mode of treatment is stretching, physical therapy, ice, heat and nonsteroidal anti-inflammatory, or NSAID, pain relievers," Dr. Yoon says. "The next step is a corticosteroid injection to cut inflammation.

"Hip arthritis may become less painful temporarily, but often the pathology progresses and will get worse," he says. "You may eventually need surgery, for which the gold standard is a hip replacement."

If sciatica leads to loss of bladder or bowel control, significant weakness or severe pain, surgery may be required, he says. Otherwise, heat or cold therapy, medication and physical therapy may be prescribed.

"If you have any weakness due to sciatica, the longer you wait, the less chance you have of the function coming back, so don't delay getting treatment," Dr. Yoon says. "It's like leaving a big rock on top of a garden hose. The longer you leave it, the less likely the hose will work after it's removed."

Jersey City Medical Center offers orthopedic services at 355 Grand Street and also at our Newport location, 100 Town Square Place, Jersey City. To learn more, visit www.rwjbh.org/hudsoncounty.



'A HEALTHCARE ENTERPRISE FOR ALL NEEDS'

Jersey City Medical Center has a wideranging commitment to healing, enhancing and investing in Hudson County. Here, President and CEO Michael Prilutsky explains what that means for the community.

To learn more about services available at Jersey City Medical Center, visit www.rwjbh.org/hudsoncounty.

What new investments or expansions can Hudson County residents expect in the next year

We have a comprehensive approach, so we're going to push into three different areas at the same time. They are:

• Putting doctors where people live: That means establishing primary care locations, with behavioral and mental health support, registered dietitians, social work support, physical and occupational therapists—all the services that help people stay healthy. We're doing this in a number of locations, including Hoboken, Bayonne and different neighborhoods in

Jersey City.



a continuity of care and support for a healthy lifestyle.

 Investing in state-of-the-art treatment, equipment and facilities: There are times when people need the most advanced care, and we're going to continue to invest in our partnerships with the Rutgers Cancer Institute of New Jersey, Rutgers Health and within RWJBarnabas Health.

For example, we've made a \$100 million investment on our campus by doubling the size of the Emergency Department, including building a new Pediatric Emergency Department—the only one of its kind in Hudson County which will open later this year. We've also created new, high-end operating rooms. These investments are attracting the highly qualified workforce we need. No resident of Hudson County will need to leave the county to receive the most advanced care.

 Addressing social determinants of **health:** It's well known that more than 70 percent of one's health is determined by factors other than physician and hospital care. We have long been, and



PRESIDENT AND CEO



will continue to be, a partner with other organizations and agencies in Jersey City as well as in Hoboken, Bayonne and other Hudson County municipalities, to drive better housing and food options.

We have a Food FARMacy, which provides dietary support and free food options, we have supportive housing vouchers and we have Tiger's Den in Snyder High School, where we provide social and behavioral health support to drive up the graduation rate. But all those are just down payments. We're just getting started.

What difference will these investments make in the lives of people in the community?

I see a huge number of kids on the streets and in the parks. They're happy, healthy and bouncing around, but I believe it's comforting for their parents to know that, should the need arise, one of the best Emergency Departments in the tristate area is available right in their town.

As young couples move in and decide to begin families, they have the advantage of our truly amazing Lord Abbett
Maternity Wing, which we opened in 2020 after a \$13 million investment. We have great nurses and physicians, and provide a private, family-oriented experience. Plus, who else can offer views of the Statue of Liberty from a private room?

I often hear people talk about their health issues. When they've traveled to New York City for oncology care, they talk about the inconvenience, the travel time, the parking costs and how hard it is on their families to visit. Cancer patients in Hudson County no longer have to do that. We've invested in the highest level of care, with a new Radiation Oncology center, the brand-new Madeline Fiadini

LoRe Foundation Infusion Center and a tremendous expansion of services offered by top physicians.

In your vision, how will healthcare in Hudson County evolve in the next five to 10 years?

In five to 10 years, there's not going to be any healthcare service that Jersey City Medical Center does not offer.

• New options for healthcare access:

More and more services will migrate out of the hospital and into physician offices and ambulatory care centers, and we will also see more healthcare providers making visits to people's homes.

At the same time, the hospital itself will continue to provide the most advanced care when there's a need for acute intervention.

- Advances in technology: We'll continue to expand telemedicine. As we continue to invest in IT, patients will have access to all of their medical records and will also have the technology they need to monitor their own risk factors. Healthcare providers will have the information we need to create targeted, personalized interventions both on the treatment and preventive side.
- Preventive care as a priority: We're stepping up our outreach to schools so that kids learn what they need to do to stay healthy. We're teaching anti-violence and conflict avoidance strategies so young people can avoid requiring treatment in our trauma center.

The Jersey City area is one of the most incredibly dynamic and growing places in the country right now, and our community deserves the best. Jersey City Medical Center, with RWJBarnabas Health, is truly a complete healthcare enterprise for all seasons and all needs.

HEALING, ENHANCING AND INVESTING IN HUDSON COUNTY

2019

Pavonia Primary Care
Radiation Oncology
Greenville Primary Care
and Retail Pharmacy
Women's Health at
Grove Street

2020

Lord Abbett Maternity Wing Orthopedic Institute in Newport

2021

Green Apple Rx Food FARMacy

Expanded Cardiovascular Care (TAVR and FFR-CT)

Madeline Fiadini LoRe Foundation Infusion Center

Barnabas Health Retail Pharmacy at at Bayonne

2022

Primary care hubs in Hoboken, Colony Plaza, Exchange Place Expanded ED/Pediatric ED Vascular Center



elen Blumenthal, 80, is a dedicated walker. When she lived in Manhattan, she walked every day, and she has kept it up since she retired from her work as a software trainer and technical writer in 2019 and moved to Jersey City.

Nothing stopped her, not even the diagnosis of a heart murmur that she received in 2013—a sign of aortic stenosis, a condition in which the aorta thickens and becomes stiff. Afterward, she got annual echocardiograms to monitor the stenosis and continued her

"At some point I realized I was getting out of breath climbing stairs," Blumenthal says. She found she didn't have as much energy as she used to and



MICHAEL BENZ, MD

wasn't sleeping well either. She reported her symptoms to her primary care physician in Jersey City, who recommended she see Michael Benz, MD, an

interventional cardiologist and Director of the TAVR and Structural Heart Program at Jersey City Medical Center (JCMC).

HOPE FOR HARDENED VALVES

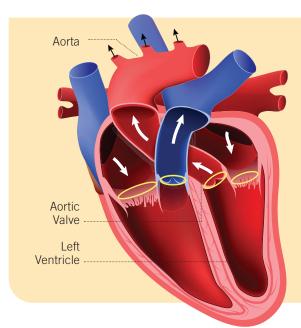
Aortic stenosis may develop as a result of aging and occasionally is due to a family history, a congenital condition or infections like rheumatic heart disease. As years pass, aortic stenosis causes the patient's heart to have difficulty pumping blood through the body, and symptoms start appearing.

"In addition to the symptoms Helen experienced—weakness, shortness of breath and trouble sleeping—some patients report chest discomfort," Dr. Benz says.

Dr. Benz found that Blumenthal's aortic stenosis had reached the point where the valve was failing. That meant she was a prime candidate for a minimally invasive procedure called TAVR, or transcatheter aortic valve replacement. (See "How TAVR Works," at right.) It's one of the advanced treatment options offered by JCMC's Structural Heart program, which works as part of RWJBarnabas Health's Northern Department of Cardiothoracic Surgery.

At one time, only the oldest and sickest patients were eligible for TAVR; others were advised to have open heart surgery. As time went on, though, clinical trials indicated that TAVR is safe and effective for lower-risk patients, too. The FDA approved TAVR for this larger population of patients in 2019. Now the JCMC TAVR team considers all patients 65 and over who have symptomatic severe aortic stenosis to be potential candidates for the procedure.

At JCMC, TAVRs are performed in the hospital's brand-new and expanded catheterization laboratory. The procedure takes about an hour and requires only an overnight stay. After an echocardiogram to check that the new



HOW TAVR WORKS

To replace the aortic valve:

- A synthetic or artificial valve is attached to a catheter (a thin tube).
- · The catheter is inserted into a blood vessel, usually in the patient's groin, and up into the heart.
- The synthetic valve is placed inside the diseased valve and is expanded.
- · Blood flow is restored.

valve is working properly, patients can go home.

Blumenthal liked the idea that she could choose a minimally invasive procedure instead of open surgery. "My mother had her heart valve replaced in the early 2000s, and she had open heart surgery and was in the hospital for about a week. Then she had to go to rehab to get back on her feet," she says. "I didn't want to do that."

Blumenthal looked up information online, and Dr. Benz answered all her questions and showed her a video of the procedure. She decided to take the TAVR option.

'PLEASANTLY SURPRISED'

A couple of weeks before the procedure last November, Blumenthal went for a heart catheterization to make sure that she had no blockages in her coronary arteries and also underwent a CT scan to determine the size of the replacement valve she would need.

"Helen was one of our first TAVR patients at Jersey City Medical Center, and she did extremely well," Dr. Benz says. "She was able to get up and walk six hours after the procedure."

Blumenthal admits she had a little

trepidation beforehand—"after all, it's a procedure," she says. "But I was pleasantly surprised." Dr. Benz and his team inspired confidence, she says, and she appreciated the care provided by the whole TAVR team, both before and after the procedure.

"Recovery was easy," Blumenthal says. "The hardest part was lying flat for three hours afterward.

"Now, I'm still working on strengthening my legs, but I can walk faster and I sleep so much better," she explains. She also works with a personal trainer once a week and is now able to do more in those sessions without having to take a break.

"Most TAVR patients say they didn't imagine the procedure was this simple," says Dr. Benz. "We want to remove any fears they may have, so they can get better and live life to the fullest. And with our state-of-the-art program at Jersey City Medical Center, Hudson County residents have no need to travel to New York City, or even to another county, to have TAVR."

Blumenthal's message for people who find themselves in her situation is simple: "Find a surgeon you're comfortable with and have the TAVR procedure. It makes a big difference in your life."

For more information about surgical and transcatheter aortic valve replacement at Jersey City Medical Center, call 866.526.8258 or visit www.rwjbh.org/TAVR.





MENOPAUSE: **WHAT YOUR OB/GYN WANTS** YOU TO KNOW

MAKE SURE TO TAKE GOOD CARE OF YOUR BODY AS IT CHANGES.

enopause is such an important time in a woman's life," says Emily Slutsky, MD, Director of the Women's Health Medical Genetics Division at Jersey City Medical Center (JCMC). "It's the phase in a woman's life when her menstrual periods cease, but it's much more. It's also an opportunity for a woman to revitalize her relationship with her OB/GYN, improve her quality of life and become a partner in her health screening and preventive care."

Once a woman is finished with having children, she may become lax about her gynecological health, skipping screenings and recommended visits. On the contrary, when she reaches her mid-40s, she's nearing menopause and should learn what to

expect and how to navigate the coming changes, says Dr. Slutsky.

"The experience is different for every woman," she says. "Therapy and interventions must be fine-tuned for each individual, her age, family and personal history, and the symptoms she's experiencing."

THE PERIMENOPAUSE YEARS

"Perimenopause is the name for the years leading up to menopause," says Dr. Slutsky. "It usually starts in a woman's late 40s as estrogen levels begin to fluctuate. A woman will first notice a change in the menstrual cycle, either in the number of days between the cycles, a skipped period or a flow change—lighter or heavier. Something will just be different. That's a good time to check in with your OB/GYN."

Depending upon a variety of factors—waning hormone levels, past surgeries, health conditions and family history—you could run the full gamut of possible symptoms or experience none at all. As your body's production of reproductive hormones diminishes through the years, however, you will likely experience an increasing number. Symptoms can include:

- · Hot flashes.
- · Mood swings.
- Vaginal dryness.
- · Painful sex.
- Breast tenderness.
- · Loss of interest in sex.

Your doctor may suggest treatments, such as antidepressants and lubricants for vaginal dryness and painful sex. Hormone therapy (HT) with estrogen and progesterone is a reliable treatment for women whose symptoms are disruptive, says Dr. Slutsky.

Before taking any medications, particularly HT, talk to your OB/GYN about your personal and



EMILY SLUTSKY, MD

family history for types of cancers that can be influenced by hormones. As JCMC's only OB/GYN medical geneticist, Dr. Slutsky also may suggest a genetic

panel if your family history warrants.

THE NEXT PHASE: **MENOPAUSE**

You've reached menopause when you've gone one year without a period. The age range when this happens is usually the 40s until the late 50s, but it can occur earlier or later due to factors like obesity, health conditions, surgeries and family history.

For many, symptoms continue unabated during this time. New symptoms may also begin:

- Memory and concentration problems.
- Change in cognition.
- Insomnia.
- Urinary incontinence and infection.
- · Weight gain.
- · Vaginal tissue thinning.

Staying in touch with your OB/GYN continues to be important at this time, says Dr. Slutsky. Treatments, such as antidepressants that influence levels of the neurotransmitter serotonin, are known to cool the severity and frequency of hot flashes, as well as help with moods. Vaginal dryness and thinning can be treated with topical estrogen creams.

FINALLY, POSTMENOPAUSE

When a woman's menstrual period has been gone for more than 12 months, she is in the postmenopause stage. Many women continue to experience menopausal symptoms, particularly hot flashes, five to 10 years into postmenopause.

As your body's production of estrogen diminishes, so too does the protective role it plays in your cardiovascular system, bone density and metabolism. The healthy habits you already know about—eating a nutritious, low-fat diet and staying physically active—are more important than ever.

"Menopause is more complex than just hot flashes and your periods stopping," explains Dr. Slutsky. "The physiology a woman's had for



STAGES OF **MENOPAUSE**

PERIMENOPAUSE

- Symptoms of hormonal changes.
- Can still become pregnant.
- Usually lasts about four years.

MENOPAUSE

- No period for 12 consecutive months.
- Ovaries stop producing eggs.
- Average age is 51.

POSTMENOPAUSE

- More than one year since last period.
- Will remain in this stage for rest of life.

decades changes, especially at the cardiovascular level, putting her at greater risk for heart attack or stroke. That's why it's so important that her weight stays within a healthy range."

Osteoporosis—bone thinning is another consideration. Without estrogen, bones become brittle. Fortunately, there are medications that help, and studies show that weight training exercises help rebuild bone density.

Your journey from youth to the wisdom of age might have a few bumps, but your OB/GYN can help make the path much easier.

"OB/GYNs don't just deliver babies," says Dr. Slutsky. "We are here to guide you through this phase of life and beyond, because a woman's body is not stationary. It is constantly changing."

To find an OB/GYN at Jersey City Medical Center, visit www.rwjbh.org/hudsoncounty.





355 Grand St., Jersey City, NJ 07302

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Harrisburg, PA **Permit #324**

We've invested in Hudson County for generations.

Bringing a new baby into the world is one of life's most powerful experiences. It brings families and communities together. Jersey City Medical Center's state-of-the-art Lord Abbett maternity wing features all-private patient rooms with hotel-like furnishings, scenic views and private showers. The maternity wing is a tranquil space to heal, bond and begin life as a family. We'll continue healing, enhancing and investing in Hudson County by expanding and strengthening our network of physicians and outpatient facilities, so we can all live better, happier and healthier. Learn more at **rwjbh.org/HudsonCounty**

