

MONMOUTH

health & life

Queen Latifah

the roots of
royalty

**3 TOP
FOLIAGE DRIVES**

**fall's new look
the modern
sophisticate**

**BRINGING
HOME BABY
5 STEPS TO
NURSERY NIRVANA**

best bets

- a film fest
in red bank
- costumes
in keyport
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health link

- safe ways to
ease your pain
- new lung cancer
treatment
- pregnancy advice
by e-mail

AN AUTUMN CHALLENGE



ew phrases trigger more mixed emotions than “back to school.” Kids experience the end-of-summer blues and parents are faced with making the pool-to-school transition as successful as possible. But the coming of fall can mean more than just a break from summer’s chaos. It can be a chance for you to resume learning as well—and you’ll learn a number of things from this issue of *Monmouth Health & Life*.

About finance, for example. Subtly concealed charges have become a common tactic for the companies that issue credit cards, and not knowing about these charges can be devastating to your financial security. Check out “Hidden No More” on page 44.

Then there’s geography. In “Chasing Autumn” on page 40, you’ll be briefed on three places within an easy drive where you can enjoy the vibrant colors of autumn leaves—and family-friendly activities too.

As any teenager can tell you, the right outfit is important when you’re starting a new school year. In that spirit, the magazine’s new fashion feature on page 23 showcases the latest runway trends.

Arts education is part of any good curriculum, and actress-musician-producer Queen Latifah, a Grammy winner and an Academy Award nominee, is qualified to lead a master class. Did you know that one of this star’s favorite pastimes is bowling near her Monmouth County home? Read all about her in the Spotlight article on page 28.

The Health Link section, starting on page 45, puts the spotlight on pain relievers. No doubt you’ve read recently about some medications pulled from the market and others given new warning labels; our article puts the news in perspective. You’ll also learn of a new treatment for lung cancer that can be used when neither surgery nor radiation is appropriate. And find out about a new e-mail newsletter that is timed to meet the week-by-week needs of families expecting a newborn.

Finally, speaking of newborns, the article titled “Oh Baby!” on page 32 offers a step-by-step guide to designing a nursery for a new member of the family.

Enjoy an enlightening autumn!

Sincerely,

FRANK J. VOZOS, M.D., FACS

Executive Director
Monmouth Medical Center



HEALTH *Link*

CONQUERING CANCER

A NEW TREATMENT FOR LUNG TUMORS

When surgery and radiation aren't options, radiofrequency ablation may offer hope

During the past 15 years, David Finch has survived prostate cancer, lost a lung to lung cancer, then had head and neck cancer—only to discover last year that cancer had reappeared in his remaining lung.

The news turned even more sobering when he learned from Monmouth Medical Center radiation oncologist Sang Sim, M.D., that he could no longer receive radiation because he had reached his allowable dosage in previous treatments.

Surgically removing the tumor was also ruled out.

That left the 78-year-old Middletown resident with a big step to take. Following the expert advice of his Monmouth physicians, he chose to undergo radiofrequency ablation (RFA), a trailblazing procedure performed by interventional radiologist Peter Park, M.D.

Finch became the first patient at Monmouth Medical Center—and possibly the first in New Jersey—to undergo RFA for the treatment of lung tumors that have resurfaced after radiation therapy and that cannot be surgically removed.

"It was my only option," says Finch. "I'm very happy that I did it."

Since the procedure, two imaging studies have revealed no return of tumor growth. "This is a great sign and shows much promise for RFA as an



Radiofrequency ablation came to the rescue for cancer patient David Finch, left, recently treated by Sang Sim, M.D., and Peter Park, M.D.

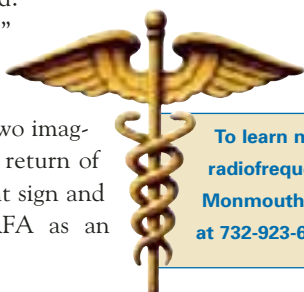
effective treatment for lung cancer when radiation therapy has not brought successful results and surgery is not an option," says Dr. Sim.

The minimally invasive technique involves the delivery of monitored, controlled levels of radiofrequency energy into the cancerous tissue through an array of thin electrodes that heat and destroy the targeted tissue. "Under CT [computed tomography] guidance, we're able to get the needle to the location of the tumor and deliver

high-energy radiofrequency waves to 'cook' it—heat the molecules enough to cause the tissue to ablate, which results in cell death," says Dr. Park.

A key benefit of RFA is that it can be performed repeatedly if follow-up tests show residual tumor tissue, the doctor explains. "RFA is the current buzz in interventional radiology, and there will be many studies released that will document its success—not only for lung cancer, but also for other applications, including breast cancer," says Dr. Park, adding that the therapy is already being used in the treatment of liver and bone tumors.

Today, Finch is as busy as ever. "Everything has worked out beautifully," says the grandfather of three, adding that he's able to breathe on his own without the assistance of oxygen for several hours each day. ☺



To learn more about radiofrequency ablation, call Monmouth Medical Center at 732-923-6800.

EASING PAIN

MEDICATION RISKS: WHAT TO DO NOW

Despite confusing news reports, your doctor can help you plan a safe strategy for pain relief

One fact has often been lost in the recent flurry of publicity about the possible long-term dangers of painkilling medications, says Ken Wasser, M.D., a rheumatologist at Monmouth Medical Center: “There’s no such thing as a medication without risk.”

But risks and benefits can be balanced intelligently, he adds, so that if you suffer chronic discomfort from arthritis or other ills, your doctor can still help you find a safe and effective strategy for fighting pain.

The hubbub came to a head in September 2004, when the popular prescription painkiller rofecoxib (brand name Vioxx) was withdrawn by its manufacturer because studies suggested that taking it for a long time increased one’s risk of heart attack and stroke. This April, the Food and Drug Administration asked that a sister medicine called valdecoxib (Bextra) be taken off the market because of possible cardiovascular risk and the



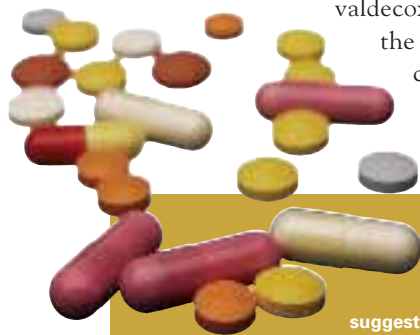
danger of skin complications that could potentially be life-threatening.

Vioxx and Bextra are COX-2 inhibitors, a class of medications that tend to constrict blood vessels, raise blood pressure and make the platelets in blood stickier. Research shows that in some situations patients’ risk of a cardiac event is 10 percent to 25 percent higher if they’re on COX-2s for a sustained period.

Dr. Wasser thinks Vioxx was withdrawn for liability reasons as well as clinical reasons. He believes that instead the FDA might simply have ordered a “black box” label warning—its toughest kind—and left it to doctors to balance the risks and benefits of Vioxx in individual cases. He notes that Vioxx was one of the few medications available in liquid form, making it easier for children to take. For one 12-year-old patient, he says, the loss of Vioxx has obliged him to switch to a stronger medication, of the kind used in chemotherapy for cancer patients.

“A 12-year-old’s cardiac risk factors are almost zero,” he says. “And there are also risks when a child’s knees are swollen and he can hardly walk.”

A black box label warning about cardiovascular risk is just what the FDA did require, also this April, for other prescription nonsteroidal anti-inflammatory drugs, or NSAIDs, a larger category of medicines of which COX-2s are a subgroup. Even for most over-the-counter NSAIDs—familiar products like ibupro-



fast fact

If you have arthritic knees and have given up all hope of being svelte, take heart.

Losing even a single pound, a new study suggests, can slow the progression of your arthritis.

That’s because a one-pound weight loss translates into a four-pound reduction in the force hitting your knees with every stride, according to researchers reporting in the journal *Arthritis & Rheumatism*.

fen (Advil, Motrin), naproxen (Aleve) and ketoprofen (Orudis)—the agency requested that product labeling include reminders about limiting dose and duration and information on cardiovascular and gastrointestinal risks.

So what's a pain sufferer to do?

Talk with your physician, advises Dr. Wasser. "There should be an individual treatment plan for each patient, taking into account his or her level and duration of pain, pain threshold, personal risk factors and lifestyle choices."

Experts say it's a good rule of thumb to use the lowest dose for the shortest time that gets the job done. "Admittedly," says Dr. Wasser, "that's easier to hear if you've injured your shoulder playing ball than if you're one of my arthritis patients who needs pain relief on an ongoing basis." *—M*



What else you can do to ease pain

News about the risks of pain relievers has caused some patients to ask about alternative treatments, says Ken Wasser, M.D., a rheumatologist at Monmouth Medical Center. Here are some choices people have turned to:

• **Exercise and physical therapy.** Not everyone will be ready for this option, but studies show that physical activity can help. Ask your physician to recommend exercises or suggest a physical therapist, who in turn can apply techniques known to relieve pain in some cases, including massage, electrical stimulation and ultrasound waves.

• **Heat and ice.** Try a heating pad in the morning and an icepack in the evening. So far there's only anecdotal evidence that these steps work for chronic pain, but they've proven effective in cases that result from injury.

• **Lidocaine patches.** These are applied directly to the skin and contain a topical anesthetic. In a recent study of 119 patients with osteoarthritic knees, 54 percent achieved a 30-percent pain reduction with the patches, versus 62 percent with Celebrex. (But dizziness and dry mouth are possible side effects, warns Dr. Wasser.)

• **Weight loss.** Dropping extra pounds, reports the University of Washington School of Medicine, can ease joint pain because it reduces the burden your joints must bear.

• **Glucosamine and chondroitin sulfate.** These nutritional supplements, used widely in Europe, come from animal tissue and contain the building blocks for cartilage. The hope is that they'll stimulate the body to produce fresh cartilage to cover worn-down joints. Results of a National Institutes of Health study, due this year, may shed light on their efficacy, but Dr. Wasser hesitates to recommend substances the FDA doesn't regulate.

• **Opioids and chemotherapy medicines.** If other therapies don't relieve pain, your doctor may prescribe stronger drugs. But opioids can cause nausea, constipation, sleepiness or dizziness, and must be tapered off gradually to forestall withdrawal symptoms.



4 ways to stay safe

1 Talk to your doctor about your risk. He or she knows your medical history, and levels of risk differ greatly from one individual to the next. If you're a 20-year-old

with a knee injury who will be taking a pain reliever for a few weeks, the increased cardiac risk of a COX-2 inhibitor may not be worth worrying about. But if you're a 60-year-old with diabetes, hypertension, previous heart disease or a history of smoking and you'll need pain relief indefinitely, that's a different matter. People who are taking a blood-thinning medication such as warfarin (Coumadin) will probably be advised to avoid taking aspirin, ibuprofen and naproxen.

2 Consider a combination. If you rely on either Celebrex or one of the older NSAIDs on an ongoing basis, you may wish to guard against their gastrointestinal risks by also taking a stomach-protecting medicine, perhaps a proton pump inhibitor such as omeprazole (Prilosec), lansoprazole (Prevacid), esomeprazole (Nexium), rabeprazole (Aciphex) or pantoprazole (Protonix).

3 If inflammation isn't a concern, try Tylenol. Acetaminophen (Tylenol) is gentle on the stomach and often works well against pain, but unlike the NSAIDs does nothing against inflammation. It can be a good first line of defense for some people who have osteoarthritis, the kind that comes from thinning cartilage, but not for most of those who have rheumatoid arthritis, an inflammatory condition. In a study of people with osteoarthritis of the knee, 40 percent got good to excellent relief with Tylenol versus 60 percent with the riskier NSAIDs.

4 Don't rule out good old aspirin. This 19th-century miracle drug does pose a risk of gastrointestinal bleeding, but it's also the one NSAID for which the FDA is not requesting new label information on cardiac risk—because it's known to protect the heart. Some people have levels of pain higher than the safe daily maximum of aspirin can handle, but for many patients the familiar tablet can do double duty. That's because many leading cardiologists recommend that most people take an aspirin every day even if they don't need pain relief—just to guard against heart disease.

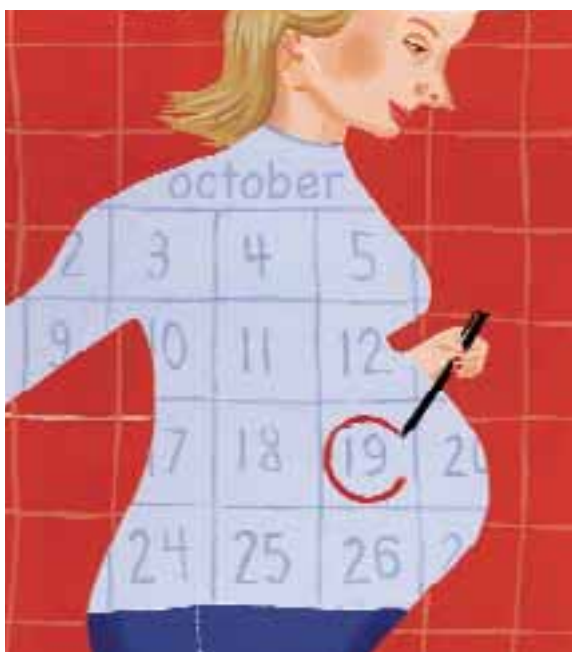
GIVING BIRTH

YOUR PREGNANCY, WEEK BY WEEK

A new e-mail newsletter delivers information just when new parents need it

Put humankind's oldest experience together with its newest communications technology and you get the Parent Review—a weekly e-mail newsletter sent to parents-to-be and new parents by Monmouth Medical Center. It breaks into usable chunks the huge welter of available information on parenthood's beginning. Week by week, through the nine months of pregnancy and the baby's first year, the Parent Review delivers installments keyed to the stage your family is in.

The free e-mail service offers customized information from Monmouth's parent education staff in a lively format. "Expectant parents are faced with a bewildering range of pregnancy and parenting information," says Ann Winn, Monmouth's administrative director of women's and children's services. "It can be difficult to sort it all out. This ser-



vice helps parents with the most up-to-date and timely information."

Families can enroll in the Parent Review service and start receiving weekly parenting e-mail messages when the mom-to-be is seven weeks into her pregnancy. The content is timed to coincide with the mother's due date and continue for the first year of the baby's life. During pregnancy, the hospital's weekly e-mails include material on fetal development, wellness tips and suggestions for valuable resources. After the baby is born, messages

offer practical ideas for baby care, health and safety and other topics of special interest to new parents.

"This new service is valuable for both patients and staff," says Winn. "While parents receive timely, credible health information, the hospital is able to develop a richer, more supportive relationship with patients, which benefits both parents and babies."

At press time, Nina and Rick Kiernan of Oceanport were anxiously awaiting the arrival of their first child—a girl—due July 22. "I subscribed early in my pregnancy, and I really look forward to the weekly e-mail updates," says Nina. The topic for the 36th week, she reports, was typically timely and useful: "What You Will Need When Your Baby Is Born."

Kiernan looks forward to reading her Parent Review e-mails after her daughter's birth. "Any extra information, particularly when you know it's coming from the hospital, is a good thing," she says. *ll*



For more information or to sign up for the Parent Review, please log on to www.theparentreview.com/monmouth. Subscribers may cancel this e-mail service by request at any time.

VBAC: CAUTION MAKES A COMEBACK

*If you've had a cesarean, you can consider
a vaginal birth—but only if the
circumstances are right*

In the 1960s and '70s, the obstetrical rule “Once a section, always a section” held firm for women who had given birth by cesarean section. Then, in the 1980s and '90s, vaginal birth after cesarean (VBAC) came into vogue. It seemed a promising way to stem the rise in cesarean-section rates.

“Recovery is quicker and there’s a slightly lower overall risk of complications with a vaginal delivery,” explains Robert A. Graebe, M.D., chairman of obstetrics and gynecology, residency program director and director of reproductive endocrinology at Monmouth Medical Center.

Although most obstetricians charge the same fee for cesarean and vaginal deliveries, cesareans incur additional hospital costs. So when data indicated that VBACs were safe, the procedure was encouraged by some insurers and the federal government. As a result, VBACs climbed in popularity. According to the American College of Obstetricians and Gynecologists (ACOG), in 1995 27.5 percent of women who’d had previous cesareans attempted vaginal birth. But 20 percent to 40 percent of these women could not deliver vaginally and had to have a cesarean.

In the new century, the pendulum began to swing back. Obstetricians started seeing a problem linked to VBAC—uterine rupture—more frequently. Though the risk of such a rupture is slight, when it happens it can lead to injury to or loss of the uterus, hemorrhage or neurologic impairments in the baby—or even death of the mother or infant.

“Much of the decline in VBACs has been a result of the malpractice climate,” says Dr. Graebe. “Because a uterine rupture can be so catastrophic, a bad outcome may be legally indefensible—no matter how thoroughly patients were informed of the risks.”

In 2004, ACOG issued new



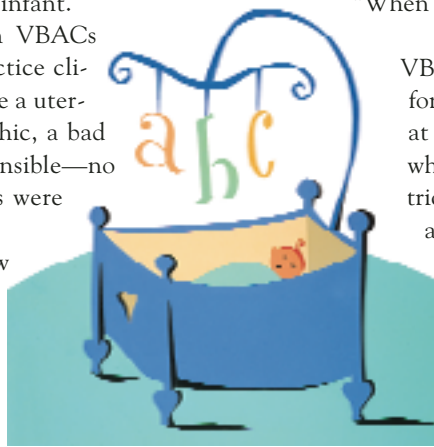
When not to have a VBAC

For many women who have previously given birth by cesarean section, attempting a vaginal delivery is a safe option with several advantages, says Robert A. Graebe, M.D., of Monmouth Medical Center. But VBAC should *not* be considered if:

- your previous pregnancy occurred less than 18 months ago
- you've had more than two cesarean-section deliveries
- you were given a vertical or T-shaped cut to the uterus in your cesarean
- you were given only one layer of stitching rather than two in your cesarean
- you've had complications in your pregnancy
- you are expecting more than one baby
- your baby is in the breech position
- you require medication to “ripen” the cervix or induce labor
- your baby is very large

guidelines for VBAC, cautioning that while a trial of labor is often appropriate for women with prior cesareans, “increased experience with VBAC indicates there are several potential problems.” The college noted that when VBAC is successful, it has several advantages over cesarean delivery, but warned against letting patients with certain contraindications try VBAC (see “When Not to Have a VBAC,” above).

The upshot, says Dr. Graebe, is that VBAC can be a safe and reasonable option for some women. “But it should only be tried at a Level III facility such as Monmouth, where there’s a resident, an attending obstetrician and an anesthesia team available at all times in case an emergency C-section becomes necessary.” ☺



TAKING CHARGE

MEDICINE ON THE JOB

A new facility streamlines clinical services related to the workplace

These days, health care touches every aspect of our lives—including our lives at work. Now there's a place in Monmouth County that specializes in employment-related medicine.

It's Shore Occupational Medicine, a 2,200-square-foot facility that opened in February in the Todd Pavilion at Monmouth Medical Center in Long Branch. It treats on-the-job injuries and provides a host of other services—including pre-employment physical examinations, executive physicals, exams for commercial driver's licenses, drug tests, vision screenings, pulmonary function tests, X-rays, hearing tests, breath alcohol tests and stress tests.

The facility, which is affiliated with a similar one in Brick Township, provides services on a contract basis to area employers. "The employer wants his or her worker to receive quality medical care in a timely, cost-effective manner and to return to full-time status," says Mark



Sisskin, M.D., the new facility's medical director.

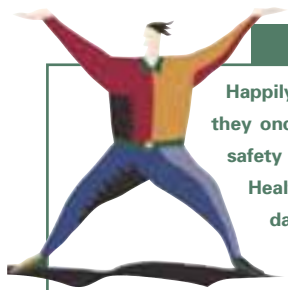
Shore Occupational Medicine decides when an injured employee needs to be taken off the job or given modified duties for a while.

"Striking a balance between what the employer wants and what the employee needs is the greatest challenge of my job," says Thomas Armbruster, M.D., the facility's treating physician.

However, both companies and workers appreciate the way the facility streamlines job-related medical services, minimizing delays, referrals and trips from place to place. And for smaller on-the-job injuries, it can often treat patients more quickly and efficiently than a busy hospital emergency room could.

To find out more, call Shore Occupational Medicine at 732-222-6768. *ML*

5 things you can do to avoid workplace injury



Happily, serious on-the-job injuries are rarer than they once were. Today's workplaces must follow safety rules set by the federal Occupational Health and Safety Administration, and these days fewer of us work in dangerous industrial settings. But a moment of carelessness can still spell trouble.

Thomas Armbruster, M.D., treating physician at Shore Occupational Medicine, suggests ways to avoid paying him a visit:

1. Get a good night's sleep. "It's a simple thing," says Dr. Armbruster, "but many times a worker hurt in an accident will say, 'I was out late last night, and I just wasn't paying attention.'"

2. Lift with your legs, not your back. Sprains and strains of the musculoskeletal system are the most common workplace injuries seen at his facility, Dr. Armbruster reports.

3. Wear required protection. Safety goggles, for example, are mandatory when working on heavy equipment. And if you're using a box cutter or other cutting instrument, try a mesh metal glove.

4. Find a comfortable position. Minimize strain by taking a moment to adjust the position of items you use repeatedly—computer keyboards, screens and telephones, for example.

5. Take breaks. Even if you feel you're "on a roll," working too long at one task can increase your chances of an accident-causing error.

BREATHEFREE

WITH NEW LUNGS, A NEW LIFE

An update on cystic fibrosis patient

Margaret Lapsanski brings good news

In September 2003, *Monmouth Health & Life* published Lincroft resident Margaret Lapsanski's first-person account of living with cystic fibrosis, an often life-shortening disease in which thick mucus clogs the lungs. Since then, the 22-year-old's life has changed dramatically. Thanks to a double lung transplant performed in November 2004, she is happy, healthy and embarking on her senior year at college.

"When I wrote the article in 2003, I was in the hospital with pneumonia," recalls Lapsanski. "I actually wound up staying in the hospital for three weeks."

Robert L. Zanni, M.D., medical director of the Cystic Fibrosis Center at Monmouth Medical Center and Lapsanski's long-time doctor, told her that a double lung transplant would be the next step.

"A lung transplant doesn't cure cystic fibrosis, but it means you no longer have cystic fibrosis lungs," explains Bridget Marra, nurse coordinator of the cystic fibrosis program. "Complications are possible and it's not for everyone, but for those who choose to pursue transplantation it can bring a dramatic improvement in both quality and length of life."

In January 2004, Lapsanski was accepted on the waiting list for a lung transplant at the Hospital of the University of Pennsylvania, but the region's two-year wait for transplants became a concern. Caught in a life-threatening race against time, Lapsanski and her family visited Ochsner Foundation Hospital in New Orleans, a smaller but well-respected facility with a waiting list of months rather than years.

In June 2004, after a three-day evaluation, Lapsanski was accepted as a transplant candidate. Two days later, her family moved into an apartment in nearby River Ridge—and waited.

Her patience was rewarded on Nov. 11, when doctors performed a very successful double lung transplant. In a matter of days, Lapsanski's life began anew. "The minute they removed the breathing vent, I could feel the difference," she says.



The life of cystic fibrosis patient Margaret Lapsanski has improved since she underwent a lung transplant operation last November.

Lapsanski convalesced in Louisiana with her mother and sister until March, then returned to her Lincroft home. She had a checkup in Louisiana in June, came back with a clean bill of health, and spent the summer enjoying the company of her friends and family. Reveling in her newfound ability to climb stairs and take brisk walks without effort, she is also mindful of her responsibilities to take care of herself.

"Infection and rejection are always concerns—I'll always have worries," she says. "I just have to remain positive, have a good outlook, and be diligent in taking my meds and doing what I'm supposed to do."

To encourage others to share the gift she so desperately needed and fortunately received, Lapsanski has become an advocate for organ donor awareness and will be attending a forum on organ donation in New Orleans in June. She would also like the opportunity to tell high school students in this area about the importance of making organ donor designations on their first driver's license. This fall she returns to Lafayette College in Easton, Pa., where she'll finish her undergraduate studies—and breathe a lot easier. ☺

To find out about Monmouth Medical Center's Cystic Fibrosis Center, call 732-222-4474.



TRANCE ENCOUNTER

NOW AN ACCEPTED MEDICAL TOOL, HYPNOSIS ISN'T WHAT YOU THINK

"You are getting veddy sleepy," murmurs the European gentleman with a thick accent and goatee, dangling a gold watch before your eyes. That's hypnosis the parlor trick, as depicted in a hundred movies. Now, meet hypnosis the medical modality.

It's been approved by the American Medical Association for clinical use since 1958, explains R. Sivaprasad, M.D., an internist and chief of infectious diseases at Monmouth Medical Center, who is board-certified in medical hypnosis. The therapy is defined by the American Society of Clinical Hypnosis (ASCH), which certifies practitioners to use it, as the inducement of "a state of inner absorption, concentration and focused attention."

Once dismissed as quackery, hypnosis is used today to treat many medical and psychiatric disorders. It can make pain more bearable by focusing the individual's attention elsewhere. But even the stoutest adherents of hypnosis concede that for some reason, some people are more "hypnotizable" than others.

Just a decade ago, medical journals declined papers on hypnosis, and even now scientists don't fully understand how it works. But there's growing evidence that it does. A Harvard researcher reports that hypnosis shortened healing times for patients with bone fractures. In a study in the British medical journal *Lancet*, patients hypnotized before surgery needed less pain medication, had fewer complications and left the hospital sooner than a control group. And at Virginia Polytechnic Institute, psychologists are learning—with the help of radiologic imaging—that hypnosis actually alters brain function.

In his Little Silver office, Dr. Sivaprasad uses hypnosis to treat irritable bowel syndrome, asthma, chronic pain, severe morning sickness, anxiety, insomnia, fear of heights and fear of flying. He also hypnotizes people to help them prepare for chemotherapy, childbirth, infertility treatments and MRIs,



and to help them quit smoking and overeating.

Some insurers reimburse for hypnosis to treat a medical or psychiatric problem. To find out if hypnosis can help you, ask your doctor for a referral to a trained hypnotist (preferably a licensed health care provider who is *also* certified to do hypnosis) or consult the ASCH website at www.asch.net. But prepare to check your Hollywood image of hypnosis at the door. Fix your eyes intently on this page for a quick census of

hypno-clichés—and Dr. Sivaprasad's rejoinders:

1 THAT GOLD WATCH. "Medical hypnotists don't use props," says the doctor. "We teach patients to put themselves into a trance with controlled breathing, progressive muscle relaxation and positive imagery."

2 WILD BEHAVIOR. "A hypnotist can't make you do something you wouldn't want to do," says Dr. Sivaprasad. You won't suddenly be dancing on the highway, but you might—if your goal is to quit smoking—visualize yourself throwing away ashtrays.

3 EASY MARKS. "There's no evidence that being hypnotizable means you're weak or gullible," says the doctor. "There's even research under way to determine if that quality can be inherited."

4 ZZZZZZZZ. "You may feel as if you're in a dream-like state, but you're not asleep," says Dr. Sivaprasad. "Your eyes may be open or closed, and most people remember everything that happens."

5 MIND CONTROL. "Hypnosis is something people do for themselves," says the doctor. "Hypnotists aren't all-powerful; we're just facilitators. We teach patients how to self-hypnotize in five to 10 sessions." He adds, "All hypnosis is in many ways self-hypnosis, because it requires the subject's collaboration."

6 PARLOR PLAY. "If hypnosis is performed by a trained practitioner it's perfectly safe," says Dr. Sivaprasad. "But it's not a game. In untrained hands it can leave someone stuck in a trance or aggravate an underlying psychiatric condition." *MI*

Can a workaholic find happiness as one of the perpetually unemployed—even without kids to look after? The life of philanthropist Ann Unterberg, 53, gives an eloquent affirmative answer.

The Rumson resident spent years as a high achiever at the Wall Street firm of L.F. Rothschild, Unterberg, Towbin where, she says, she labored “24/7”—and loved it.

“I used to hate weekends,” she confesses. “I liked *weeks*.”

When she began seriously dating the company’s chairman, Thomas Unterberg, the relationship brought personal happiness, but also took away the weekday routine she’d loved, forcing her to take a fresh look at her life and rebuild it.

“We agreed it would be awkward for me to stay with the firm—awkward for others, not for us,” she says. Nor did working for a rival company seem right. And the couple felt it was too late to start a family.

“It was a difficult time,” she recalls. Though blessed financially, she was less lucky in health, suffering severe back problems. “And as with a lot of people who work hard, my identity had been caught up in my job,” she says. “Now, suddenly I wasn’t working.”

For this dynamo, a life of idleness wasn’t in the cards. The only daughter of an aerospace engineer, she had defied the family “math and science gene” (all three brothers became engineers) to major in political science at Boston University, doing an internship in the Massachusetts statehouse before finding her way into the world of investment banking.

After quitting her job, Unterberg took a break. She had back surgery, recuperated, decorated the house, read biographies and traveled to Nepal, Zimbabwe, Kenya and Zambia. “I said to myself, ‘One day I’ll wake up and it’ll be clear to me what I should do.’”

She was right. After taking time to think about



FULFILLED

THIS WORKAHOLIC’S BEST JOB

TURNED OUT TO BE NO JOB AT ALL

what should come next, she decided to devote the energies she’d once spent on the workplace to volunteering for good causes. And she selected her affiliations with a scientist’s logic and a poli-sci major’s dreams of making the world a better place.

She started by joining her husband on the board of Grand Street Settlement on New York’s Lower East Side, where he’d served for 35 years. (She is now president.) Then her love of African wildlife helped to draw her to the Wildlife Conservation Society, which runs the zoos in New

York City. (She’s now a trustee.) A concern for the fate of women worldwide led her to join the board of the International Women’s Health Coalition, serving with world leaders like the president of Mozambique and the founder of Doctors Without Borders.

“I chose commitments not just by the causes I believed in, but also by the peer groups I would be part of,” she says. These included her Monmouth County neighbors. She became a trustee of Monmouth University, and she and her husband ran a capital campaign for Two River Theatre Company, helping it build a new \$15 million theater in Red Bank. Recently she joined the board of Monmouth Medical Center, on whose Women’s Council she has served for years.

“It was good that I took a step back and got more reflective about what I wanted to do,” she says.

Today Unterberg spends a lot of time in her home office, on the phone and e-mail. She sometimes misses the built-in social life work once provided, but cherishes her marriage to her “best friend” (the couple divides their time between Manhattan and Monmouth) and has learned to enjoy punching her own time clock.

“I’m the luckiest person in the world,” she says, “to spend my days working on things I love.” *AK*

WHAT'S Happening AT MONMOUTH MEDICAL CENTER

THE CENTER FOR KIDS & FAMILY OFFERS A HOST OF PROGRAMS THIS SEASON

CHILDBIRTH PREPARATION/PARENTING

Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990.

One-Day Preparation for Childbirth Sept. 11, Oct. 2, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

Two-Day Preparation for Childbirth (two-session program) Sept. 10 and 17, Oct. 8 and 15, 9 a.m.–1 p.m. \$135/couple (includes continental breakfast).

Preparation for Childbirth (five-session program) Oct. 11, 18, 25, Nov. 1, 8, 7:30–9:30 p.m. \$95/couple.

Marvelous Multiples (five-session program) Oct. 26, Nov. 2, 9, 16, 30, 7–9 p.m. For those expecting twins, triplets or more. \$95/couple.

Eisenberg Family Center Tours Sept. 11, 25, Oct. 9, 1:30 p.m. Free. (No children under 14 years old.)

Baby Fair Oct. 23, 1–3 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments and free gifts. (No children under 14 years old.)

Make Room for Baby Sept. 10, Oct. 22, 10–11 a.m. For siblings ages three to five. \$35/family.

Becoming a Big Brother/Big Sister Sept. 24, 10–11:30 a.m. For siblings age six and older. \$35/family.

Grandparents Program Sept. 12, 7–9 p.m. \$30/person, \$40/couple.

Baby Care Basics (two-session program) Sept. 15 and 22, 7:30–9:30 p.m. \$80/couple.

Breastfeeding Today Sept. 8, 7–9:30 p.m. \$50/couple.

Childbirth Update/VBAC Sept. 14, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

Cesarean Birth Education Oct. 19, 7:30–9:30 p.m. \$40/couple.

Parenting Young Children Through S.T.E.P. (five-session program) Oct. 12, 19, 26, Nov. 2, 9, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age six. \$75/person, \$100/couple.

JUST FOR KIDS

Also see sibling preparation programs above.

Safe Sitter (one-session program) Oct. 1, Nov. 19, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center. Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

GENERAL HEALTH

Free Prostate Cancer Screening Sept. 12, 5 p.m. Leon Hess Cancer Center at Monmouth Medical Center. Some restrictions apply. To register or to find out if you are eligible, call 1-888-SBHS-123.

Stress-Free Workshops Sept. 13, “Energy Booster”; Oct. 11, “Natural Healing Ways”; 7–9 p.m. Monmouth Medical Center. Call 1-888-SBHS-123. \$10/person/session.

“To Your Health” Monthly Showcase at Monmouth Mall: Healthy Aging Month Sept. 14, 10 a.m.–2 p.m. Have your blood pressure checked through a free screening conducted by health care professionals from Monmouth Medical Center. Representatives from Senior Care at Our House will be available to answer questions and provide information on senior day-care services. Monmouth Mall near the food court, Routes 34 and 35, Eatontown.

Smoke-Free Clinic Sept. 19, 26, Oct. 3, 10, 17, 7–9 p.m. Monmouth Medical Center. Call 1-888-SBHS-123. \$60/person.

Surgical Options for Obesity Oct. 5, 7–9 p.m. Presented by Frank J. Borao, M.D., FACS, Director of Laparoscopic Surgery, Monmouth Medical Center. Call 1-888-SBHS-123.

Blood Pressure Screening Oct. 12, 10 a.m.–2 p.m. Monmouth Mall near the food court, Routes 34 and 35, Eatontown.

Cholesterol Screening Nov. 9, 10 a.m.–2 p.m. A simple finger stick (no fasting necessary), performed under direction of Monmouth Medical Center’s laboratory, following guidelines set by the National Cholesterol Education program. Monmouth Mall near the food court, Routes 34 and 35, Eatontown. \$10/test.

SENIOR HEALTH

Blood Pressure Screening Sept. 14, Oct. 12, 10:30–11:30 a.m. Long Branch Senior Center (age 60 and over—membership required). 85 Second Avenue, Long Branch.

Breast Health and Breast Self Exams Oct. 19, 1–3 p.m. SCAN.*

Depression: Recognizing the Signs and Seeking Treatment Oct. 26, 1–3 p.m. SCAN.*

*SCAN (Senior Citizens Activities Network, age 50 and over) is located at Monmouth Mall, Eatontown. To register for programs and to obtain SCAN membership, call 732-542-1326. *ML*