

# MONMOUTH

health & life

actress  
*Adrienne*  
*Barbeau*

on having twins  
after 50 and a  
home in navesink

3 TOP FAMILY  
FUN SPOTS

plan the perfect  
holiday party

BREAD PUDDING  
WITH A TWIST

little silver's  
hometown heroes

## HEALTH LINK

- a new way to ease an aching back
- how low should your cholesterol go?
- the truth about sugar

## A SPECIAL SEASON



As the temperature falls, excitement mounts. We're headed for the holidays, and whether your focus is Christmas, Hanukkah, Kwanzaa or simply the New Year, it's a magical time. Who can resist the crackle of the fire, the glint of mysterious packages and the scent of temptation from the kitchen?

It's a hectic time as well, of course. But if you spend a few moments with this issue of *Monmouth Health & Life*, we think you'll find what you need, whether it's inspiration or distraction.

In "Tis the Season to Party" on page 24, discover how to throw a festive get-together that guests will long remember. "Deck the Halls," (page 38) offers fresh holiday decorating ideas and on page 58 read about bread pudding, a traditional treat that dates back to the 13th century—though our recipe has a tasty twist. Or you can defy tradition altogether and take the whole family on a holiday vacation—see Escapes on page 44 for a selection of top-notch, kid-friendly resorts.

Busy, you say? For perspective, put yourself in the shoes of our Spotlight subject (page 32)—film, TV and Broadway actress Adrienne Barbeau of Navesink, who is balancing a show-biz career with mothering twin sons born after she was 50.

Indulge a bit this season, but don't overdo the sweets. As you'll read in our Health Link section starting on page 49, a sweetener called high-fructose corn syrup—a variant of sugar—is found today in a surprising array of foods. Also in the section are enlightening reports on non-Hodgkin's lymphoma, an exciting osteoporosis treatment called vertebroplasty and just how low your cholesterol reading should go.

Finally, in this issue our Hometown Hero (page 72) honors not a single individual but a whole heroic crew: the busy volunteers who keep the 70-year-old Women's Exchange of Monmouth County going, helping local artisans and local charities alike. They're a year-round embodiment of this time of giving.

Enjoy your holidays!



FRANK J. VOZOS, M.D., FACS  
Executive Director  
Monmouth Medical Center

# LEGACY of LEARNING

WHAT PUT THIS LAWYER ON THE PATH TO SUCCESS?

A NUDGE TOWARD COLLEGE FROM A SURPRISING SOURCE

Kids are let loose in a roomful of books. They range in age from 5 to 8, and each is allowed to choose two books to keep and read—and write about.

“The little ones can’t write much,” says Larry Fuchs, “but the third graders write a little story about what the book meant to them.”

This program, offered in disadvantaged school districts by Family and Children’s Services, is a favorite activity for Fuchs, a Middletown philanthropist, because it spreads the joys of education. And education, he says, is why he’s able to give in the first place.

Fuchs, 69, is a successful attorney specializing in estate planning, helping people draw up tax-wise plans for after they’re gone. He concedes that there may be a link—“probably subconscious”—between his chosen field of law and the pivotal moment of his childhood. His father died of cancer in 1946, when Fuchs was just 11½.

There was no worry then about choosing the right trusts or annuities. The challenge was to put food on the table in the family’s Brooklyn apartment. His mother struggled to support Larry and his older brother on what she earned in a children’s clothing factory in Manhattan.

“I was too young to realize why we moved so often,” Fuchs recalls. “Later on I understood: If you don’t have the money to pay the rent, the landlord asks you to leave.”

At 13, to help pay that rent, Fuchs took a job in a 24-hour laundry owned by two Russian immigrant brothers named Sol and Samuel Elman. He worked there almost full time through high school, while excelling academically and playing in the school band. But he had no thought of college—no one in his family had ever gone—until the Elmans encouraged him to apply.

“They saw that I was fatherless and kind of took me under their wing,” Fuchs recalls.

At their urging, he took a brand-new exam called the Scholastic Aptitude Test—the SAT—and scored well enough to attend New York’s City College. Then came



the Marine Corps, a long stint at the Internal Revenue Service and law school at night.

Today, says Fuchs, “I still get a kick out of practicing law.” He and Marti, his wife of 46 years, have three grown children and five grandkids. If clients are interested, he helps them plan gifts to charities—for example, the Zobel Foundation has helped Monmouth Medical Center buy major new radiology equipment. And when he shares his story with children in poor neighborhoods, he never fails to credit the two immigrants who

saw the spark of success in him before he saw it in himself.

“Sometimes,” he says, “a bit of direction can change the course of a whole life.” *—M*

## Three tax-savvy ways to give

Donating to charities, says estate planning attorney Larry Fuchs, can be a smart financial move as well as a good deed. Among the tools he offers clients are:

**1. The charitable gift annuity.** “You make a donation to a charity, which invests your money with other assets and guarantees you a lifetime annual income. It’s attractive because: (1) you get a tax deduction for the gift; (2) you get a higher rate of return than a bank would pay (the older you are, the higher it is), and (3) this income is only partly taxable. Your children can’t inherit the principal, but you can make them lifelong recipients of income.”

**2. The charitable remainder trust.** “You place a property in the hands of a paid trustee you choose, who may manage it or sell it and invest the proceeds. For the charity it’s like a receivable, but it gives you and perhaps your kids a yearly income as long as 10 percent of the principal is left. On the last income recipient’s death, the value goes to the charity. You avoid capital gains and estate taxes.”

**3. The charitable lead trust.** “This one’s only for the affluent. If you own property but don’t need the income on it, transfer it to a charity for a period—say, 10 years—in which the charity earns that income. You get a deduction for the gift of the income, and the property, which may have appreciated, can then go to your kids if you wish—avoiding estate tax.”



## GET THE MOST FROM YOUR PHARMACY

IT'S MORE THAN JUST A PLACE TO PICK UP MEDICINE

**D**o you have a pharmacist who knows your name? If not, you're missing a bet—and you're not alone. Though surveys regularly show that pharmacists are among the most trusted health care professionals, many Americans don't make full use of them.

"Don't be afraid to ask to talk with your pharmacist if you have a question about medications," suggests Joe DiCubellis, director of pharmacy at Monmouth Medical Center. With managed care putting the squeeze on doctors' time, pharmacists can help fill the gap as a source of information as well as medicine.

Of course, it's not as if they're not busy too. Community pharmacists will fill an estimated 4 billion prescriptions next year. Most of them make time for consultations on request, but you must speak up. To make wise use of this valuable resource, you should:

**1. CHOOSE ONE PHARMACY.** Different stores have different strengths. If you travel a lot, you may wish to use a national retail drug chain. Many of these chains have system-wide computer networks, so the prescription you fill in Dallas can be quickly checked against the personal information you've reported over the counter in Long Branch. On the other hand, if you or a family member has a special chronic condition, an independent pharmacy may be a better choice, because it may have a larger inventory of supplies for treating that condition. Independents have grown fewer with recent consolidation in the industry, but there are

still more in New Jersey than in most states. Also, some pharmacies, independent or not, offer special services such as testing of blood pressure and bone density. And many provide specific programs of "disease management" for conditions such as diabetes, asthma or high blood pressure, which furnish education along with the products needed to manage these diseases.

**2. STICK WITH THAT PHARMACY.** "Every pharmacy has a computer database that monitors for dangerous drug interactions, possible overdoses or conflicts with patients' known allergies," says DiCubellis. "It's important to use the same pharmacy so that all your medical records are in one place." Such databases are ever more vital these days, he adds, because so many of us see different doctors for different conditions.

**3. ASK QUESTIONS.** Make sure you understand when, how, why and for how long you should take each medication—and what its possible side effects are. Should it be taken with meals? Is it safe to drink alcohol while consuming it? Does it interfere with driving or operating machinery? Can you take an over-the-counter pain reliever such as ibuprofen at the same time? Also, be sure to tell your pharmacist (and your doctor) about any over-the-counter preparations you may be taking. "They can be just as dangerous as prescription drugs," warns DiCubellis.

In a computer age, it may seem archaic to rely on a neighbor in a white coat. But the more complex health care becomes, the more there is for your pharmacist to help you understand. *SM*



### HELP IN SOLVING THE PUZZLE OF PAYING FOR PILLS

A few years ago, physicians were notorious for knowing every side effect of a treatment except its effect on your wallet. They've improved, but a pharmacist may still be a better-briefed adviser when it comes to medicine's pocket-book impact. Seniors, for example, may find a pharmacist helpful as they choose one of the Medicare-approved drug discount cards being offered until Medicare's new prescription drug assistance plan takes effect in 2006. (Tip: Check the sponsoring firm's drug discount list to be sure it covers the drugs you need.)

# HEALTH *Link*

## EASING PAIN

### A NEW TREATMENT BOLSTERS THE SPINE

*How a procedure called vertebroplasty banishes back pain*

**W**hen osteoporosis causes spinal compression fractures, pain can be excruciating, as Tinton Falls resident Robert Uslan, 89, knows well. “He suffered for more than two months from a spinal compression fracture after a fall,” says his daughter, Pam Hirsch. “It affected one of his vertebrae, and he had to be hospitalized.”

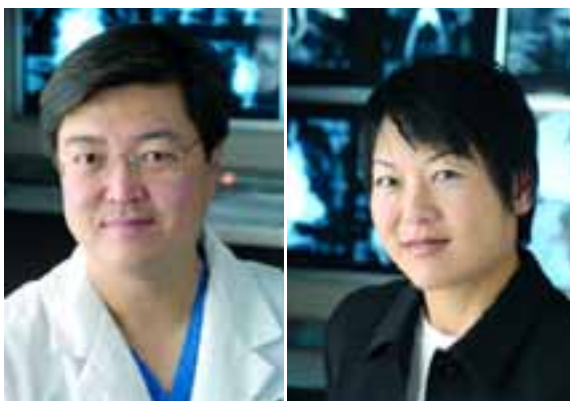
At Monmouth Medical Center he underwent a vertebroplasty, a state-of-the-art treatment in which vertebrae are reinforced with special surgical cement.

“Very quickly he had no more pain,” says Hirsch. “Now he’s back at home and still pain-free. The results have been like a miracle.”

Led by interventional radiologists Peter Park, M.D., and Gina Lin Louie, M.D., the Monmouth surgical team uses the procedure to stabilize vertebrae that have collapsed as a result of osteoporosis or cancer. The doctors inject a medical-grade bone cement that acts as an internal cast, strengthening the spine and preventing further collapse.

“Vertebroplasty offers a 95 percent chance of significant pain relief if the cause is a compression fracture,” says Dr. Park, who has used the new technique more than 50 times. Traditional surgery is rarely an option for such fractures, he says, because it’s hard to place hardware in collapsed osteoporotic bone. “It’s like trying to screw something into butter.”

Because the elderly are most often affected by compression fractures, there are risks associated with related conditions or diseases that often rule



**Interventional radiologists Peter Park, M.D., (left) and Gina Lin Louie, M.D., use a procedure to stabilize collapsed vertebrae.**

out the usual surgical techniques. These fractures can also be so painful that they cannot be relieved by the use of a brace, and many patients must rely on painkillers such as morphine.

Vertebroplasty requires great accuracy in injecting the cement into the patient’s vertebrae. The technique relies on fluoroscopic or computed tomography (CT) guidance, which lets the physician

accurately place the polymethylmethacrylate cement where it is needed—without injuring the adjacent spinal cord. The cement is mixed with barium powder so that it’s visible on an X-ray. Then it is injected into the collapsed bone under imaging guidance.

Left untreated, compression fractures can lead to decreased mobility, insomnia and depression. So vertebroplasty can make a big difference. *o//*

For more information on this procedure, call Monmouth Medical Center at 888-SBHS-123.

#### *fast facts*

- According to the National Osteoporosis Foundation, there are some 700,000 compression fractures of the spine related to osteoporosis and other conditions in the United States each year.
- Osteoporosis affects 44 million Americans, including more than one-half of adults over age 50. Eighty percent of those with the condition are women.
- The direct medical expenses associated with the condition approach \$17 billion annually.



## CONQUERING CANCER

### A BRIGHTER OUTLOOK FOR NON-HODGKIN'S LYMPHOMA

*Ironically, the most imminently dangerous cases are also the curable ones*

**N**on-Hodgkin's lymphoma, the fifth most common cancer in the U.S., still claims an estimated 24,000 lives annually. But survival rates are inching upward and new therapies have significantly improved the treatment picture.

This is a disease of paradoxes—it's even named for what it's not. Lymphomas are cancers that originate in the lymph system, which carries infection-fighting white blood cells through the body. One such cancer was first identified by the British physician Thomas Hodgkin in 1832; the term non-Hodgkin's lymphoma is used for the many lymphomas that aren't Hodgkin's disease.

More than 50,000 cases of non-Hodgkin's are diagnosed each year, with men somewhat more at risk than women and whites affected more often than African-Americans or Asian-Americans. Upwards of 280,000 people in the U.S. live with the disease, and its well-known victims include Jacqueline Kennedy Onassis and former Senator Paul Tsongas.

Three kinds of non-Hodgkin's lymphoma account for most cases. Roughly 40 percent are considered low-grade and tend to have an indolent course. Another 40 percent are intermediate-grade, with more aggressive malignancies that can be fatal within months if they're not treated. About 5 percent are high-grade—very fast-growing cancers that can bring death in a matter of weeks or even days.

But here paradox rears its head. The more aggressive lymphomas, though they pose a more imminent threat, also tend to be more responsive to chemotherapy. That's because with chemotherapy, cells that are more metabolically active—such as fast-dividing cancer cells—absorb the therapeutic agent more quickly and thoroughly than the surrounding tissue, and thus they're preferentially killed.

The more virulent kinds of non-Hodgkin's lymphoma can be treated more effectively if they're

found earlier, but so far there is no screening test comparable to mammograms done for breast cancer. "It's a lot murkier for lymphomas," says David J. Sharon, M.D., a medical oncologist and medical director of the Leon Hess Cancer Center at Monmouth Medical Center, adding that sometimes even advanced cases can be cured.

In recent years, new medications called monoclonal antibodies have been added to doctors' arsenal of weapons against non-Hodgkin's lymphoma. "They provide targeted therapy, or 'smart bombs,'" says Dr. Sharon. "They're getting smarter as we get smarter."

One of them is rituximab (brand name Rituxan), which binds to specific proteins on the surface of lymphocytes, the cells found in lymph tissue. By doing so it recruits the body's own system to fight the lymphoma.

But the newest facet of treatment is radioimmunotherapy, only about three years old. When rituximab or a drug like it is linked to a radioisotope, it can deliver radiotherapy to the lymphoma.

#### The symptoms

The signs below can have many causes other than non-Hodgkin's lymphoma. But if they persist without a known cause, check with a doctor to rule out this cancer:

- a lump in the neck or under the arm
- swollen glands in the throat
- weight loss
- fever
- cough
- flu-like achiness



## The risk factors

People at increased risk for non-Hodgkin's lymphoma include those who:

- are HIV-positive
- have lupus or rheumatoid arthritis
- are taking drugs that suppress the immune system
- have had kidney or liver transplants

phoma in a very targeted way. Two medications now do this—tositumomab (Bexxar) and libratumomab tiuxetan (Zevalin).

Ironically, it's the slow-growing, low-grade lymphomas for which there is usually no cure. That's because when they first appear, most of these cancers have already spread through the lymph system, so that a local treatment such as radiotherapy won't work.

"In most cases there is bone marrow involvement, which means we classify them as Stage 4," says Dr. Sharon. "That can be very scary for the patient."

But the outlook may not be as dark as the patient fears, he explains. Fortunately, chemotherapy and immunotherapy—and, later on, bone-marrow transplants for those hardy enough to stand them—now promise to bring long-term remissions.

Sometimes a diagnosis of low-grade non-Hodgkin's lymphoma is made following complaints of fevers or night sweats. More typically the condition is discovered when the patient—or a primary-care doctor during an exam—finds a lump in the neck or under the arm. A biopsy confirms that cancerous cells are present, and then a computed tomography (CT) scan reveals that such cells have spread throughout the lymph system. But in many cases it's not yet time to start treatment, because the lymphoma hasn't begun to make the patient ill, and studies have shown there's no downside to waiting for a time—with careful monitoring—before applying treatment. That's because chemotherapy can have side effects; also, says Dr. Sharon, "it may make the patient resistant to treatment down the road."

It's tough, the doctor says, to explain to a patient that cancer has already spread through his or her lymph system but it is nevertheless not time to start treatment yet. This is yet another facet of this paradoxical disease.

Still, there are two straightforward lessons to learn about non-Hodgkin's lymphomas: Any type of growth or enlargement—in the neck or groin, under the arm or anywhere else in the body—should be investigated promptly by a doctor just in case. And these lymphomas are complex and subtle, and there is an art to treating them.

"If you are diagnosed with one," says Dr. Sharon, "you need to be in the hands of people who have some experience managing lymphomas." *ll*

## HEALINGHEARTS

### HOW LOW SHOULD CHOLESTEROL GO?

*Weighing new evidence, experts set more aggressive reduction targets*

"It's like dancing the limbo," says John B. Checton, M.D., who is chief of cardiology at Monmouth Medical Center. "How low do you lower the bar?"

He's talking about cholesterol—and a revolution in the prevention of heart attacks. A raft of recent studies suggest that for best results, blood levels of low-density lipoproteins—LDL, or "bad" cholesterol—can and should be reduced more dramatically than doctors had known before.

In the studies, investigators were surprised at how sharply the likelihood of heart attacks could be reduced by lowering LDL levels—even in individuals whose levels weren't very high to begin with.

So they concluded that moving the targets downward could make treatment more effective. Previously the LDL goals were 100 mg/dl (milligrams per deciliter) for high-risk individuals such as those with diabetes or previous heart disease, and 130 mg/dl for people with low risk. Now, says Dr. Checton, "the data suggest we should get it down at least to 75 or 80 for high-risk people, and 100 for everyone else."

Fortunately, for many of us there are medicines that can do the job. They are the statins, a class of medications hailed as "miracle drugs" even back in



#### Roll call of 'miracle' statins

<u>Generic name</u>	<u>Brand name</u>	<u>Manufacturer</u>
atorvastatin	Lipitor	Pfizer
fluvastatin	Lescol	Novartis, Reliant
lovastatin	Altacor	Andrx Laboratories
	Mevacor	Merck
pravastatin	Pravachol	Bristol-Myers Squibb
simvastatin	Zocor	Merck

the 1990s, before their full potential was known. This year, the normally staid *New England Journal of Medicine* enthused about a coming "sea change in cardiovascular prevention" thanks to "this remarkable class of medicines." Some 11 million Americans are now taking these drugs, said the report, but according to national guidelines for cardiovascular preventive care, 36 million *should* be taking them. And that figure comes from a time before the guidelines were updated this summer to call for using statins more aggressively.

Statins don't do the job alone. They're usually prescribed in combination with a regimen of physical exercise, weight control

and dietary changes. And the drugs aren't perfect. They can have side effects—most frequently aching in the muscles and joints, but also sometimes nausea, diarrhea or constipation. Because they work by acting on a liver enzyme, statins are also occasionally associated with liver toxicity. Memory and mood difficulties have even been noted. For some patients, these side effects limit how aggressively cholesterol can be reduced. But doctors say that most patients tolerate statins well.

Like most revolutions, today's "sea change" in



## New guidelines get tougher on heart-disease risk



When the National Heart, Lung and Blood Institute joins with the American College of Cardiology and the American Heart Association in a recommendation, it's worth taking note. This summer, all three groups endorsed an update to 2001 treatment guidelines issued as part of the National Cholesterol Education Program. Doctors are now being asked to consider treating cholesterol more aggressively. Here are five ways the guidelines have changed (LDL is low-density lipoprotein, the "bad" cholesterol):

Then	Now
Goal for high-risk patients: less than 100 mg/dl (milligrams per deciliter) LDL	Further cut to less than 70 mg/dl described as "a treatment option"
Start drug treatment for high-risk patients at 130 mg/dl	Start drug treatment for high-risk patients at 100 mg/dl
Goal for moderately high-risk patients: less than 130 mg/dl LDL	Further cut to less than 100 mg/dl described as "a treatment option"
With drug therapy, no percentage reduction in LDL was specified	With drug therapy, reduction of 30 to 40 percent is encouraged
Lifestyle changes suggested in patients whose LDL levels are above goals	Lifestyle changes suggested in patients with lifestyle-related risk factors regardless of LDL level

the prevention and treatment of cardiovascular problems defies the crystal ball. For one thing, scientists are still learning about the beneficial effects of these powerful medicines. Besides lowering LDL cholesterol, statins appear to reduce inflammation, which is drawing attention these days as a contributor not only to heart disease, but also to Alzheimer's disease and a number of other conditions.

Dr. Checton does venture a prediction about what will be "the next big boom" in medications for heart disease. In about two years, he believes, the Food and Drug Administration will approve a medication already in development that will address the other side of the cholesterol equation, raising levels of high-density lipoproteins—HDL, or "good" cholesterol. In combination with a statin, such a drug might make possible a comprehensive cocktail for improving cholesterol numbers in both directions—and extending Americans' lives in the process. *ll*

### fast fact

Even without reaching many millions of Americans who are said to need them, statin drugs represent the nation's largest category of prescription drug expenditure, totaling \$12.5 billion each year.

## A safety checklist for those who take statins

- Have your liver function tested periodically. Statins act on a liver enzyme that produces cholesterol; occasionally they can cause liver problems that might otherwise go unnoticed.
- Be candid with your doctor about your alcohol consumption—statins shouldn't be taken by heavy drinkers.
- Ask your physician if you should take a supplement to replace a coenzyme called Q-10 which is depleted in the body by statins. For some, such a supplement may prevent or lessen joint and muscle pain.
- Be careful about combining statins with other drugs. Some medications can increase the risk of condition called rhabdomyolysis, which in extreme cases can cause the muscle cells to break down and release a protein into the blood that can cause kidney problems when it's passed through the urine. (In 2001, a cholesterol-lowering drug called cerivastatin, or Baycol, was removed from the market following reports of fatal rhabdomyolysis.) Check with your doctor specifically about this danger if you're taking one of the following products along with a statin:
  - cyclosporine (brand names Sandimmune, Neoral)
  - erythromycin (Erythrocin)
  - clarithromycin (Biaxin)
  - gemfibrozil (Lopid)
  - nefazodone (Serzone)

## EATRIGT

### SUGAR AT SUPPERTIME

*Is high-fructose corn syrup affecting your waistline?*

"We'll always be your sugar," promise yellow boxes of the nation's top brand of granulated sucrose, the familiar sweetener we sprinkle in our coffee.

But wait—an interloper has cut into the dance. Instead of table sugar, food manufacturers in the past 30 years have increasingly used another form of sugar that is cheaper to produce, easier to transport and immune to freezer burn. It's high-fructose corn syrup (HFCS), made from corn starch, and it's an ingredient in everything from cola to jelly to yogurt. Some experts have blamed it in part for America's expanding waistline.

Sucrose and HFCS are made up in roughly equal amounts of glucose, the form of sugar we take into our bodies for energy, and fructose, which occurs naturally in fruits. But HFCS has a bit more fructose, and studies have suggested that it is digested differently, may slow the burning of fat and may not do as good a job of stimulating insulin production, which helps you feel full—and stop eating. And U.S. annual per capita consumption of HFCS has soared from about half a pound in 1970 to more than 60 pounds today.

Is it time to avoid all foods with HFCS?

No, says Lauren Zarom, a registered dietitian at Monmouth Medical Center. But she is troubled by



how much HFCS manufacturers put in the things we eat—and the fact that they appear in such a broad array of products. "The food companies put so much in foods that we can consume excess amounts without even knowing it," she says.

But the bigger problem, adds Zarom, isn't the difference between kinds of sugar. It's Americans' overconsumption of sugar in all its varieties. While scientists investigate the differences between HFCS and sucrose, she says, we can all do ourselves a favor by eating fewer sweetened products and more fruits and vegetables and whole grains.

Also, she says, check food labels. If HFCS is listed first or sec-

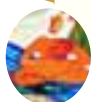
ond among the ingredients, look for the quantity of sugar shown under "Nutrition Facts." The label won't break down exact amounts of different kinds of sugar, but it could alert you that the item is a sugary menace.

Zarom warns that consumers sometimes don't realize it when manufacturers make a "fat-free" or "low-fat" item tasty by loading it with HFCS. A case in point, she says, is low-fat, fruit-flavored yogurt. "It has 10 teaspoons of fructose-based sweetener in it," she says, "and 10 to 12 teaspoons is the government's suggested daily limit." *—M*

#### personal take

#### Sugar-free doesn't mean trouble-free

Think that diet soda is harmless because it contains no sugar or high-fructose corn syrup? Think again. A study in a recent issue of *General Dentistry* warns that the malic, tartaric, citric and phosphoric acids that give carbonated drinks their flavor can be corrosive to tooth enamel over time. Your best bet, experts say, is to limit soda and substitute bottled water when you can.



#### fast facts



- U.S. annual soft-drink production has increased ninefold since World War II.
- In the 20 years ending in 1997, soft-drink consumption among adults rose by 61 percent.
- A quarter century ago, teenage boys drank twice as much milk as soft drinks. Today it's the other way round.

# 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** **January 9, February 6**, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast & lunch).

**Two-Day Preparation for Childbirth** (two-session program) **December 11 & 18, January 8 & 15, February 5 & 12**, 9 a.m.–1 p.m. \$135/couple (includes continental breakfast).

**Preparation for Childbirth** (five-session program) **January 4, 11, 18, 25, February 1**, 7:30–9:30 p.m. \$95/couple.

**Marvelous Multiples** (five-session program) **January 5, 12, 19, 26, February 2**, 7–9 p.m. For those expecting twins, triplets or more. \$95/couple.

**Eisenberg Family Center Tours** **January 16, 30, February 13**, 1:30 p.m. Free. (No children under 14 years old.)

**Baby Fair** **December 12, February 27**, 1–3 p.m. Free. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments, free gifts. (No children under 14 years old.)

**Make Room for Baby** **December 18, January 22**, 10–11 a.m. For siblings ages 3 to 5. \$35/family.

**Becoming a Big Brother/Big Sister** **January 8**, 10–11:30 a.m. For siblings age 6 and older. \$35/family.

**Childbirth Update/VBAC** **January 12**, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

**Baby Care Basics** (two-session program) **January 13 & 20, 7:30–9:30 p.m., February 19 & 26**, noon–2 p.m. \$80/couple.

**Breastfeeding Today** **January 6**, 7–9:30 p.m. \$50/couple.

**Cesarean Birth Education** **December 15, February 16**, 7:30–9:30 p.m. \$40/couple.

**Grandparents Program** **January 10**, 7–9 p.m. \$30/person, \$40/couple.

**Parenting Young Children Through S.T.E.P.** (five-session program) **February 9, 16, 23, March 2, 9**, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.

**JUST FOR KIDS** (Also see sibling preparation programs at left.)

**Safe Sitter** (one-session program) **January 29**, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center. Call 888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

### GENERAL HEALTH

**Stress-Free Workshops** **December 14**, "Easing Stress with Relaxation Techniques," 7–9 p.m.; **January 11**, "The Mystery of Emotions"; **February 8**, "Anger and Toxic Feelings"; Monmouth Medical Center. Call 888-SBHS-123. \$10/person/session.

**Blood Pressure Screening** **January 12, February 9**, 10 a.m.–2 p.m., Monmouth Mall, Routes 35 & 36, Eatontown.

**Smoke-Free** (three-session program) **January 15, 22 & 29**, 9 a.m.–noon. Unique, gentle approach to help you quit smoking through motivation, support and education, Monmouth Medical Center. Call 888-SBHS-123. \$60.

### SENIOR HEALTH

**Blood Pressure Screening** **January 12, February 9**, 10:30–11:30 a.m., Long Branch Senior Center, 85 Second Avenue. Membership required—age 60 and over. Call 732-571-6542.

**Fall Prevention Workshop and Individual Fall Risk Assessments**, **January 12**, 1–3 p.m., SCAN\*.

**Vertebroplasty: New Treatment for Back Pain**, **January 13**, 11 a.m.–noon, Presented by Peter B. Park, M.D., interventional radiologist. Neptune Senior Center, 1825 Corlies Avenue. Age 60 and over. No registration required, but for more information call 732-988-8855.

**A Sampler of Relaxation Techniques**, **January 26**, 1–3 p.m., SCAN\*.

**Innovative New Treatment for Chronic Heartburn**, **February 1**, 11–11:45 a.m. Presented by Ben Terrany, M.D., chief of gastroenterology. Howell Senior Center, 251 Preventorium Road. Registration and free membership required—age 60 and over. Call 732-938-4500, ext. 2554. *o/l*

\*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.