

MONMOUTH

health & life

country
music diva

**LeAnn
Rimes**

comes to red bank

hip java joints

break away to
bucks county

**holmdel's aide
to africa**

**7 hot ethnic
markets**

**health
link**

- banish the itch of eczema
- living with lupus
- will robots ease your golden years?

AUTUMN'S BLESSINGS



With the summer crowds gone and winter ahead, now is the ideal time to savor life in our Jersey Shore area. And as the fall colors stage their annual display across the county, be sure to catch the show. In this issue of *Monmouth Health & Life*, we offer ways to do both, along with much more.

Singer LeAnn Rimes will be putting on her own show—at the Count Basie Theatre in Red Bank on November 28. In the Spotlight on page 46, Rimes chats with us about her upcoming concert, her marriage, her latest album and what life is like when you add maturity to celebrity. She also talks candidly about her long struggle with the skin disorder eczema.

You can read more about eczema in our Health Link section, beginning on page 61. There you'll learn too about lupus, a malady that pits the body against itself, and about new technological marvels that may ease your golden years. The section also offers tips for parents-to-be and tricks to help us all remember things better.

Speaking of remembering, cooler weather brings our thoughts home-ward, and now is the perfect time to prepare the house before the holidays. See Personal Space on page 50 for creative ways to display your collections and give well-loved objects the attention they deserve.

In the kitchen, however, it's time to heat things up. See Glorious Food on page 72 for a primer on curry—that aromatic spice that adds zing to sauces and sautéés—then try making our recipe for curried carrot soup.

And what would autumn be without a fall foliage getaway? Don't miss Escapes on page 56 for a colorful tour of Pennsylvania's Bucks County. Take time to enjoy the season in our corner of the Garden State. There's much to be thankful for.

Sincerely,

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



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HEALTH **Link**

SKINDEEP

banish the itch and shed the red

Eczema can be a nuisance or a torment, but you can find relief

Does TV cartoon character Bart Simpson's own favorite cartoon, the "The Itchy and Scratchy Show," make you wince with recognition? For millions of Americans with eczema, itching and scratching are no laughing matter. But a variety of treatments can help.

"We call it the itch that rashes," says Forrest P. Resnikoff, M.D., a dermatologist at Monmouth Medical Center. "It starts with a sensitivity of the skin, which makes it itchy. The more you scratch, the more you irritate the skin, which increases its sensitivity."

That doesn't mean it's your fault. Eczema is a genuine illness, known as atopic dermatitis to distinguish it from contact dermatitis, in which the inflammation is produced by a single irritant like poison ivy. "With eczema, your skin reacts to a number of things—wool clothing and harsh soaps, for example," says Dr. Resnikoff, adding that emotional stress can aggravate flare-ups. A predisposition to eczema runs in families and tends to be linked with asthma and seasonal allergies.

Eczema begins when certain cells within the skin create inflammation by overreacting to stimuli. The result can be dry, red and flaky patches, often on the neck, inside the elbow and behind the knees. In some 15 percent of cases eczema is severe, and it can cause embarrassment, bleeding and loss of sleep



fast fact

One person in 10 has eczema at some point in life.

—especially in children. (Happily, kids often outgrow it.) Though eczema has no cure, these treatments bring relief for most people:

- **For mild cases**, apply over-the-counter topical creams such as hydrocortisone.

- **If it doesn't get better, see your family doctor or dermatologist.** He or she may

recommend a regimen of gentle skin care in which you shun scratchy fabrics and use a mild soap. Pat, don't rub, when you towel off after a bath or shower, and apply a moisturizer containing oil within three minutes. "Drying can irritate the skin, even if you just air-dry," says Dr. Resnikoff. "When you use moisturizer,

the oil becomes a barrier to evaporation, helping your skin retain the moisture it needs."

- **Use a prescription cream or ointment.** "Traditional therapy has involved creams that contain corticosteroids," says Dr. Resnikoff. "But their overuse in sensitive areas can cause thinning of the skin, which shows up in stretch marks." Fortunately, two new non-steroid products have been shown to be effective: the cream pimecrolimus (brand name Elidel) and the ointment tacrolimus (Protopic).

- **Use more advanced medical treatment.** Three other treatments have been used for patients with severe eczema: ultraviolet light therapy, an internal antihistamine such as hydroxyzine hydrochloride (Atarax) to control itching; and—in rare cases—an internal steroid such as prednisone. *M*

TAKING CHARGE

to save the body from itself

Lupus, a rebellion of the immune system, still awaits the big breakthrough

You haven't seen lots of good-news headlines lately about lupus. Scientists still don't know precisely why people get this inflammatory malady, in which the immune system goes out of whack and attacks the body's own tissue. There is no permanent cure, and no new lupus drugs have been approved in 20 years.

Still, most people with lupus lead active, healthy lives. Research is painting a much clearer picture of how the disease works. And just in the past decade the survival outlook for people with lupus has brightened significantly, thanks to improved knowledge about how to treat serious complications such as kidney disease.

Estimates of the number of Americans with lupus range from 250,000 to 1.5 million. When only the skin is involved it's called discoid lupus; when it affects internal organs (about 70 percent of cases) it's known as systemic lupus erythematosus (SLE). Lupus can affect either sex at any age, but it's most common among women in the childbearing years, 15 to 44.

Normally, the immune system protects the body by producing special antibodies or proteins that

personal takes

Shun the sun

People with lupus should limit exposure to direct sunlight because it could aggravate a rash or trigger other symptoms.



attach to and combat interlopers such as viruses or bacteria. In people with lupus, antibodies zero in on healthy cells, potentially leading to tissue damage and eventual organ failure. Scientists speculate that lupus develops when a genetic predisposition meets up with some sort of environmental trigger, but they don't know what the trigger is.

Common symptoms include aching in the joints, fatigue, fever, skin rashes, sores on the mouth or nose, and a phenomenon called Raynaud's syndrome, in which the fingertips become discolored due to lack of blood flow. But not all of these symptoms are present in all cases (see "Do You Have Lupus?" on the page at right).



Treatment is aimed at relieving symptoms and protecting organs from the dangers of inflammation. Some people with lupus don't need medications, or take them only when flare-ups occur; others take them on an ongoing basis.

With some immunologic conditions, scientists have identified a particular protein that is the culprit and have managed to render it inactive with a specific protein that targets it and binds to it. This advance has not yet been achieved with lupus, so treatment often must include medications that suppress the entire immune system. With the immune system's hands tied behind its back, so to speak, even a simple infection can become a serious threat, so doctors must be ever-ready to treat complications.

Lupus is a complicated disease, and because there's no cure, patients need to learn to live with it. If you're diagnosed with lupus, a support group can provide knowledgeable peers who'll share strategies for dealing with the disease day by day (see "For Lupus, There's Help" at left). It's important, too, to deal with your feelings, because emotional stress can contribute to flare-ups of the disease.

Until science solves the mystery of lupus, small victories must stand in for the one big one. But if it's well managed, lupus needn't ruin your life—or even rule it. **M**

Do you have lupus?

There is as yet no surefire diagnostic test for lupus, so the American Rheumatism Association has developed a list of 11 frequent symptoms. If four or more are present, a diagnosis of lupus is strongly suggested:

- "butterfly" rash over the cheeks
- rashes and patch redness elsewhere on skin
- tendency to develop skin rashes in sunlight
- ulcers in nose, mouth or throat
- arthritis—two or more swollen, tender joints of extremities
- chest pain when breathing, caused by pleuritis or pericarditis—inflammation of the lining around the lungs or heart
- kidney abnormalities, producing too much protein in the urine
- brain irritation shown by seizures or psychosis
- blood count abnormalities—low counts of white or red blood cells or platelets
- a false-positive test for syphilis or a positive test for anti-DNA antibodies, anti-Smith antibodies, anti-cardiolipin antibodies, lupus anticoagulant or erythematous cell preparation (LE prep)
- a positive test for anti-nuclear antibodies



A LUPUS MEDICATION GUIDE

If nonsteroidal anti-inflammatories such as aspirin or ibuprofen do not ease symptoms, your doctor may prescribe one of these medications to treat lupus:

Category	What they do	Examples
Corticosteroids	In pills or topical creams, fight inflammation, skin rashes	prednisone or hydrocortisone (brand names of the latter: Cortaid, Cortex)
Cytotoxics	Suppress the immune system	mycophenolate (CellCept) cyclosporine (Neoral, Sandimmune) methotrexate (Rheumatrex) cyclophosphamide (Cytoxan)
Antimalarials	Treat arthritis, skin rashes, mouth ulcers	hydroxychloroquine (Plaquenil)

(For more complete information, see the Lupus Foundation of America website at www.lupus.org/education/brochures/medications.html)

For lupus, there's help

"October is Lupus Awareness Month," declares the friendly voice on the phone at the New Jersey chapter of the Lupus Foundation of America, at 800-322-5816 (www.lupusnj.org). Call to find out about fund-raising walks, educational programs, publications and more. Learn too about support groups in your area for lupus patients. Also a helpful resource is the Alliance for Lupus Research at 800-867-1743 (www.lupusresearch.org).



MIND AND SPIRIT

6 ways to improve your memory*Both healthy habits and imagination come in handy when it comes to remembering*

Experts say there's no miracle cure that assures a perfect memory, but an uncluttered mind and a healthy body help—and so do a few tricks. If you're having persistent memory trouble, you should see your doctor to find out if a medical condition is the cause. (Sometimes, such conditions are reversible.) But many of us for whom nothing serious is wrong still wish we could be better about finding those car keys or recalling what we need to pick up at the store.

"Around the late 40s, we all begin to have more trouble remembering things like names," says Martin Herman, M.D., a neurologist at Monmouth Medical Center. "There's a huge amount of research going on about what we call the benign cognitive effects of aging, but nobody really has it pinned down yet."

But a few practical methods help, and the following six are among them. (They're easy to remember; their first letters spell RETAIN.)

- **Rest.** Be sure to get enough sleep. "Sleep consolidates memories, protecting them against subsequent interference or decay," reports University of Chicago scientist Daniel Margoliash in the journal *Nature*.
- **Exercise.** Regular workouts promote better circulation of blood to the brain, and a recent study of mice suggests that they also trigger increased production of a brain chemical that builds and protects the neurons that hold memories. (Interestingly, the study found the benefit disappeared if the subjects over-exercised—so work out, but don't be a motormouse about it.)
- **Tricks.** Remember "Every Good Boy Deserves Favor," the acrostic taught in music class to help you recall the notes of the treble clef? Such mnemonic devices can often help fix an otherwise elusive



sequence in your mind. With a little imagination you can create your own. Say, for example, you're going south along a certain stretch of the shore. The sentence "Sunshine Brings Lovely Beach Days At All Points" could help you recall the towns you'll pass in order: Sea Bright, Long Branch, Deal, Allenhurst and Asbury Park.

- **Association.** It can help to associate what you're trying to remember with a visual hint. "Sometimes the more absurd it is, the more likely you'll remember it," says Dr. Herman. "For example, you might recall the name of a Mr. Underwood by picturing him in his underwear."

- **Interest.** Face it: We remember best what we care about. To recall something, cultivate an interest in it. Memory of names and incidents usually involves the temporal lobes of the brain, but if we have an emotional response—say, to that attractive member of the opposite sex who said hi in the elevator—another part of the brain, the limbic system, comes into play, improving our recollection.
- **Nutrition.** Alas, the herbal extract ginkgo biloba, long thought by some to have memory-enhancing properties, flunked when it was put to the test recently in a randomized study of 219 healthy elderly people. But the jury is still out, says Dr. Herman, on whether vitamin E is a memory-booster. Some research suggests that it is, because it contains antioxidants, which may protect the brain against damage from free radicals, groups of atoms with unpaired electrons. Meanwhile, scientists know that a balanced diet rich in things like fresh fruit and raw carrots—along with such sources of Vitamin B12 as fish, meat, milk, eggs and fortified breakfast cereals—can help provide the basis in physical health for a strong memory. **M**

for seniors, a high-tech future beckons*Technology promises to help millions of older Americans stay independent longer*

Better medicine is helping us live longer, and the post-World War II baby boomers are now reaching their senior years. Put these two trends together and you've got a big public-health challenge: How do you help the burgeoning cadre of seniors stay active and independent as long as possible?

Technology, experts say, will be part of the answer. Today's engineers are trying to help—and not just for altruistic reasons. Residential care is costly, and by 2025 seniors will account for two-thirds of the nation's health care budget. There's big money to be saved by finding ways to help them stay healthy and independent longer.

Among the items that may be part of your high-tech future are:

- **In-home message terminals** linking your home to a clinic electronically for medical supervision, instant answers and the comfort of knowing that help is a click away. They've already helped some chronically ill patients, reported Rita Kobb of the Department of Veterans Affairs at a National Institutes of Health conference last fall.
- **Electronic sensors in the home** to monitor daily rhythms may allow seniors to live alone more safely. Sensors placed in chairs or on beds, for example, could monitor heart rate and breathing, while those placed in floors could detect walking difficulties. The sensors can be hooked up to a computer that automatically summons an ambulance if the individual falls. A recent three-month pilot program using floor and chair sensors in a Minneapolis assisted-living facility was considered successful, and this year the Intel Corp. is testing a product called the "caregiver's assistant" that employs sensors placed on everyday items like keys and milk cartons to make it easy for a



relative or caregiver to check on a senior. (Do such things violate privacy? In a recent Georgia Tech study, seniors said it was worth the trade-off—as long as they retained some say about who monitored them and how.)

- **An interactive "pill pet"** that reminds seniors when to take medications or eat certain foods. Inspired by older folks' known responsiveness to affectionate animals, it's a fur-covered device with a computer inside and a

digital display. And it's what you get when you put the engineers at the Massachusetts Institute of Technology together with the designers at the Rhode Island School of Design. (The pill pet, says MIT, is "still in the development phase.") Tulay Ersan, M.D., a geriatrician at Monmouth Medical Center, has high hopes for products like this one. She says: "I have patients whose relatives call twice a day from California, asking, 'Did you take your medication?'"

- **A medical robot**, or "nursebot," of which a second-generation prototype has been christened Pearl. Developed under a National Science Foundation grant at Carnegie Mellon University and the University of Pittsburgh and named for the color of her metal-and-plastic casing, she stands 4 feet tall, weighs 75 pounds, has blinking buttons for eyes and combines reminding and monitoring with physical tasks—opening the refrigerator, operating the washer, dryer and microwave—that for an arthritic senior might be the difference between staying at home and moving into a care facility.

"Most of these products seem very promising," says Dr. Ersan—though she wonders about the robot's affordability. "I think they'll be a big help to families and caregivers. Of course, once in a while someone will have to monitor that they're working." **M**

GIVING BIRTH

what new parents wish they'd known

Having a baby? Be sure to heed these four simple tips.

If you and your spouse are about to become parents, you're getting advice from all sides. But hospital obstetrical nurses say it's amazing how many new moms and dads nevertheless get thrown for a loop by some aspect of childbirth. So follow these suggestions beforehand:

1. Keep an open mind about pain medication. A first-time mother may be in labor from 12 to 18 hours. That's one reason why OB nurses suggest a woman not dismiss out of hand the possibility of an epidural block—an injection of pain medication in the spine. While breathing exercises and concentration techniques work for some, others need help controlling the pain. And because everyone perceives pain differently and every birth is different, even for the same mother, no one can judge another's decisions on this matter.

"At any time during labor when you just can't handle the contractions anymore and you need an epidural, go for it," says Mary Pat Silk, clinical director of labor, delivery and antepartum at Monmouth Medical Center. "And don't beat yourself up about it."

2. Take a childbirth course. Many couples think they must be committed to an all-natural birth in order to take a childbirth preparation class, but in fact, says Silk, "everybody should have one." The classes offer useful information about hospital facilities and procedures, visiting hours and policies and many other pertinent things. Familiarity creates comfort, and such a course will make you more at ease with labor and delivery when the moment comes. You'll find out how electronic fetal monitoring tracks your baby's heart rate before birth, and you'll pick up a bit of the lingo. You may learn, for example, that "zero station" means the baby's head has reached the tightest part of the pelvis and that surfactant is a medication given to help an infant's

lungs work more effectively.

(To find out about classes in childbirth preparation, breastfeeding and related topics in a variety of time arrangements to suit your convenience, call Monmouth's Center for Kids & Family at 732-923-6990.)

3. Choose your baby's name. Sounds obvious, doesn't it? A surprisingly large number of parents have the nursery all painted, but can't decide on a name. "Many people wait to see the baby," says Silk. "They say, 'Well, I was thinking of Amanda, but now that I look at her, she's a Jane.'" Remember, though, that you only have about 48 hours to consult visiting grandparents, neighbors and friends about the ideal moniker. It's best to choose a name while you're still in the hospital, because an electronic birth certificate is downloaded from the hospital to the state's records. If the baby goes home nameless, the parents must write to the state and pay a \$25 to \$50 fee later on to record the child's name correctly.

4. Install your car seat in advance—and get help if

you need it. Everyone knows they'll need a car seat to carry their infant in the car. But too many families fail to buy the correct kind or to install it in the correct rear-facing position. Have your car seat purchased and ready days before your baby is expected. Check the package labeling carefully to confirm that it is appropriate for infants, and make sure you install the seat properly. If you're uncertain how to do this—and studies show that most car seats aren't put in right—contact your local police. They offer either Saturday-morning classes in car-seat safety or instruction from an officer specially trained on the subject. **M**

A measure of how your baby thrives

Right after your child is born, you'll hear about his or her Apgar score. Developed by obstetric anesthesiologist Virginia Apgar in the early 1950s, the score is a quick summary measure of an infant's health, usually taken at one minute and five minutes following birth.

Your newborn will be rated 0, 1 or 2 for each of five criteria: muscle tone, heart rate, reflex irritability, skin color and breathing (sometimes rendered, for reasons you can guess, as Activity, Pulse, Grimace, Appearance and Respiration). For example, a 2 in the color category means a baby is free from paleness or bluishness down to the fingertips—a fairly rare status in life's first minute. The total of the five ratings is the Apgar score.

A score of 7 to 10 is usually considered healthy, and the five-minute Apgar generally shows improvement over the one-minute total. But even a low Apgar score doesn't necessarily mean your baby is unhealthy or abnormal, and the score is not a reliable indicator of conditions like cerebral palsy. Also, you should know that doctors and nurses don't wait for scores or arbitrary time milestones to intervene—giving oxygen, for instance—if a baby shows breathing or circulatory problems.

Alas, there's no known correlation between Apgar numbers and scores on the SATs.

Ease labor pains—without delay

There's nothing noble about hurting, and now new evidence suggests that women can get faster relief from labor pains. In the past, doctors sometimes held off using an epidural block early in labor for fear it would slow the dilation of the cervix. But such delays aren't necessary, researchers conclude in the American Journal of Obstetrics and Gynecology. Records from an army medical center gave them the chance to study two groups of women with uncomplicated pregnancies delivering single babies—one group that didn't get early epidurals and another that did. They found that the blocks slowed dilation only from 4 centimeters to 5, with no significant difference in the rest of active labor, and that they did not significantly increase the risk of complications.

personal take



BRAD YEO

BRYAN LEISTER



KEEPING THE FACTS AT HAND

what medical records should you keep?
(hint: think of a mythical king)

Patients sometimes think of their medical records as secrets cloaked in mystery. The fact is that you have a right to obtain copies of your medical records that your physician keeps on file. It's also a good idea to keep copies of some records yourself. In an emergency, basic medical information about you might be needed at a time when your doctor's office is closed.

"Copies of your entire medical chart are probably of limited use," says Eric N. Burkett, M.D., vice president of medical affairs at Monmouth Medical Center. "But it's good to have ready access to key records, say, from a recent hospital stay—such as lab results, imaging studies and consultative reports."

In your home, you'll want to store these records in a consistent place you can easily remember. Keep films of X-rays, mammograms and MRIs, as well as blood-test results showing cholesterol levels so you can track your progress in improving these numbers.

Even more important is to carry on your person in a handy form—say, on index cards—vital health care facts written concisely, in case of emergency.

The need for a personal medical record is keenest for people with diabetes, heart disease, high blood pressure or other chronic conditions. Patients with diabetes, for example, should monitor their hemoglobin A1c and blood-sugar levels and have those data available at all times. But we can all use a personal medical record. It should identify you, your physician and health insurer and a friend or relative to contact in an emergency. It should also include five other items. To recall them, think of the acronym MIDAS:

Medications. Keep a list of all the prescription medicines you're currently taking. That way, in an emer-

gency or a consultation with a new doctor, you can avoid possibly dangerous drug interactions.

Immunizations. It may be too much to expect a child to carry index cards. But your home records should list kids' immunizations with dates. You never know when a school or camp may need this information.

Diagnoses. Keep records on any chronic conditions.

Allergies. It's important to maintain records showing any medications you're allergic to. If you move or change physicians, you don't want to be telling your new doctor, "I was given something that made me break out in a rash, but I can't remember what it was."

Surgeries. "You should obtain a copy of the operative report if you have had a surgical procedure," says David Gonzalez, Monmouth's director of health information management services. "And if a specimen was removed, it is a good idea to get a copy of the pathology report." After any hospitalization, you may wish to retain what is called a hospital abstract—a record that includes your medical history and physical exam results, discharge summary, operative reports and any laboratory, radiology and pathology reports.

New Jersey law requires that hospital records on adults be kept for seven years and those on children be retained until they turn 23. Records are forwarded free to another doctor or hospital, but if you order them for yourself, there is a fee to offset storage, retrieval and reproduction expenses.

Maintaining your own medical records is more than a precaution. It also embodies your own role as an active participant in your medical care. "These days, patients are empowered as part of the team," says Dr. Burkett. "It's a collaborative effort." M