EXPERT CARE FOR SENIORS
SCREENING LUNGS, SAVING LIVES
WINNING THE WAR ON SEPSIS

EAT LIKE AN MVP!
NJ DEVILS STAR TAYLOR HALL TELLS HOW
A MESSAGE FROM LEADERSHIP

We’re Focused on Community

Coretta Scott King once said that the greatness of a community is best measured by the compassionate actions of its members. At RWJBarnabas Health, we share King’s belief in the power of compassionate action.

Each of our hospitals is actively engaged in making a difference on critical community issues, including housing, employment, food security and economic empowerment. That includes everything from hiring locally to finding ways to make fresh, affordable produce widely available. System-wide, we’ve added RWJBarnabas Health TeleMed, a telemedicine service that improves access to care for people with transportation or scheduling challenges.

To expand our community reach, we partner with other organizations, like the New Jersey Devils, to bring about positive change. One example: Collaborating with the staff of the Barnabas Health Hockey House at Newark’s Prudential Center, our specialty physicians and nutrition experts have developed a youth hockey program that promotes optimal performance and good health while building confidence, sportsmanship and life skills. It’s now available at ice-hockey rinks throughout the state. The Devils organization and players, including NHL MVP Taylor Hall, also work closely with us to bring encouragement and moments of joy to hospitalized children.

At Monmouth Medical Center Southern Campus, we are always developing new ways to serve as a resource and promote the health of our community members at all stages of life. Our Better Health program offers community members age 55 and older access to social events, educational seminars and preventive screenings, such as vascular disease and lung cancer screenings. Additionally, our mobile phlebotomy service extends into our senior communities to make sure that they receive potentially lifesaving laboratory testing. To help keep all children safe, we partner with Safe Kids Monmouth/Ocean to help raise awareness and educate children and adults on injury prevention. Through our partnership with the Cancer Support Community, an international non-profit organization, we provide free programs to address the physical and emotional concerns of individuals, friends, family members and caregivers affected by cancer.

At RWJBarnabas Health, we believe in the greatness of the New Jersey community and are glad to help improve quality of life for everyone who, like us, calls the Garden State home.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

Frank J. Vozos, MD, FACS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS
EXECUTIVE VICE PRESIDENT, RWJBARNABAS HEALTH

HEALTH NEWS

ENHANCED FACILITIES

The new year promises new enhancements at Monmouth Medical Center Southern Campus (MMCSC). Our surgical suites are being modernized, including our Cystoscopy Procedure Room, offering surgeons access to the latest advances in operating-room equipment and offering patients increased quality and comfort.

MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS
600 River Ave., Lakewood, NJ 08701
732.363.1900 | rwjbh.org/MonmouthSouth

CONNECT WITH US ON

@MonmouthSouthernCampus
@RWJBarnabas
RWJBarnabas Health

No Reservations

The American Medical Association reports that the more people cook and prepare their meals at home, the less likely they are to become obese or develop type 2 diabetes. The reason? Commercially prepared meals tend to be loaded with many more calories than home-cooked fare. Cooking at home has decreased by 25 percent in the last 40 years.

Monmouth Medical Center Southern Campus complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org/monmouthsouth. MMCSC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 732.363.1900. MMCSC konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfirmin ou seva séks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis ed pou lang ki disponib gratis pou ou. Rele 732.363.1900.
2. WELCOME LETTER. A community update from our CEOs.

4. THE FIGHT OF HER LIFE. A Forked River woman defies her ovarian cancer diagnosis.

6. FINDING HEARING LOSS EARLY. Detecting hearing issues in babies and children is crucial to healthy development.

7. LUNG CANCER: SCREENING SAVES LIVES. Low-dose CT scanning can safely detect lung cancer in time for effective treatment.

8. GIVING FOR GOOD HEALTH. Friends and neighbors support MMCSC.

9. THE DOCTOR IS IN ONLINE. With RWJBarnabas Health TeleMed, a doctor is on call 24/7 through your personal devices.

10. ‘HOW I STAY ON TOP OF MY GAME.’ NJ Devils star Taylor Hall reveals how to eat and stay fit like an MVP.

12. GOOD FOOD FOR EVERY BODY. The Wellness on Wheels team takes healthy cooking and nutrition tips on the road in a very special van.

13. GETTING OLDER, GETTING BETTER. Geriatric psychiatry can help adults thrive as they age.

14. LIVING WELL WITH HEART FAILURE. It’s possible to feel good and stay active, even with a diagnosis of heart failure.

16. WORKING THROUGH THE PAIN. A brave young woman gets her life back with the help of Children’s Specialized Hospital.

17. WINNING THE WAR ON SEPSIS. MMCSC is leading the charge on this life-threatening complication.

18. A HEART-HELPING PROGRAM. Getting cardiac patients back on their feet.

20. HELPING SENIORS STAY HEALTHY. Customized care for older adults.

22. SAD: MORE THAN MERE BLUES. What you need to know about Seasonal Affective Disorder.

23. COMMUNITY CALENDAR. Education, screening and support programs.
THE FIGHT OF HER LIFE
WITH MMCSC’S ONCOLOGY TEAM
BY HER SIDE AT EVERY TURN,
BARBARA FIEDLER HAS BOLDLY
(AND SUCCESSFULLY) DEFIED
HER DIAGNOSIS.

It takes a strong woman like Barbara Fiedler to stare down a disease like ovarian cancer. But thanks to her resolve to live, the support of her family and friends and the caring and expertise of her treatment team, Barbara is still intent on living life to the fullest. “No matter what the consequences are, you deal with it,” says Barbara, 75, of Forked River. “You don’t just lay down and die. You never give up.”

Barbara’s ordeal started two years ago, when she felt cramping and bloating in her lower abdomen. Her primary care doctor suspected an infection and prescribed an antibiotic, which was ineffective. She then saw her gynecologist, who found a tumor in one of her ovaries. “When I was first diagnosed it was a shock, because I’ve been a healthy person all my life,” Barbara recalls. “But I got mad and I said, ‘We are going to conquer this.’”

Barbara’s odds at that point were both scary and uncertain. The Ovarian Cancer Research Alliance reports that fewer than

| If you or a loved one are struggling with a cancer diagnosis and need answers and support, visit rwjbh.org/BeatCancer. | RWJBarnabas Health in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-designated Comprehensive Cancer Center—brings a world-class team of researchers and specialists to fight alongside you, providing close-to-home access to the latest treatment and clinical trials. |
WHAT TO LOOK FOR

There is no definitive test for ovarian cancer, but prompt attention to symptoms can lead to early diagnosis and may improve the chances for survival. Bloating, pelvic or abdominal pain, trouble eating or feeling full quickly, frequent urination and urinary urgency are all potential early warning signs. “If you feel anything abnormal going on with your body, don’t think it’s nothing and let it go,” says hematologist/oncologist Seth Cohen, MD. “Address it as soon as possible.”

half of women diagnosed with ovarian cancer (46.5 percent) survive after five years. That survival rate, however, jumps to 94 percent if the cancer is detected early, the American Cancer Society says.

According to Barbara’s lead oncologist, faithfully following treatment recommendations also is crucial. “The key to Barbara getting better was working with me and putting her trust in my expertise,” says Seth Cohen, MD, Regional Medical Director of Oncology-Clinical Research at Monmouth Medical Center (MMC) and Monmouth Medical Center Southern Campus (MMCMSC) and a member of Barnabas Health Medical Group.

By November 2016, several small tumors and cancer cells were spotted on both the inside and outside of Barbara’s ovaries. She underwent a total hysterectomy at Community Medical Center that month, followed by optimal debulking, a process to remove tissue surrounding the cancerous area that could become cancerous.

Dr. Cohen then ordered six chemotherapy treatments at MMC in case undetected cancer cells were still present. Throughout her five-month course of treatment, the infusion staff delivered both effective and compassionate care as Barbara fought through early side effects. “We have really fantastic nurses in our infusion rooms who are not only good at giving patient care, but at caring for the patient as a whole,” Dr. Cohen says.

After chemotherapy, Barbara started getting favorable reports. Then, in January 2018, a computed tomography (CT) scan uncovered a small tumor near her bile duct. She underwent a stent implant to prevent bile duct blockage, which would have caused jaundice. Dr. Cohen then ordered three more chemotherapy treatments, which Barbara completed in June.

Since then, Barbara has been in remission; she says her last blood test and CT scan in October were “clean.” As a precaution, though, she is receiving targeted therapy every three weeks at MMCMSC to prevent cancer cells from developing. Barbara’s road to remission has had its bumps, including two brief hospitalizations for dehydration and electrolyte loss. “Barbara is one of the more unique people,” Dr. Cohen notes. “She’s vibrant and has a great sense of what needs to be done. She’s a real fighter.”

But even the strongest and most vibrant of patients gets choked up when reflecting on what is at stake and what is truly important. Barbara becomes emotional when discussing how her family, especially her husband, Bill, supported her and motivated her to keep fighting. “The hardest thing for me these past two years was watching my loved ones,” Barbara says. “They were not in physical pain like I was, but they were in emotional pain because of what I was going through. But we had to do this fight together, because it’s your family that gives you courage.”

Barbara’s existing circle of friends was also incredibly supportive, she says. But along her treatment journey, she also found new friends: the infusion nurses at both Monmouth Medical Centers. “This may sound corny, but there aren’t any better human beings on this earth than the infusion nurses,” Barbara says. “Going for treatment there is like visiting your family. You get to know the nurses, find out how their kids are doing, and you spend some time chatting. It’s a beautiful experience.”

WHAT TO LOOK FOR

There is no definitive test for ovarian cancer, but prompt attention to symptoms can lead to early diagnosis and may improve the chances for survival. Bloating, pelvic or abdominal pain, trouble eating or feeling full quickly, frequent urination and urinary urgency are all potential early warning signs. “If you feel anything abnormal going on with your body, don’t think it’s nothing and let it go,” says hematologist/oncologist Seth Cohen, MD. “Address it as soon as possible.”
FINDING HEARING LOSS EARLY

TO ENSURE HEALTHY SOCIAL AND EDUCATIONAL DEVELOPMENT, IT’S CRUCIAL TO DETECT HEARING LOSS IN BABIES AND CHILDREN AS EARLY AS POSSIBLE.

Experts now know that the first three years of life are the most intense time for brain development in terms of processing speech and sounds, learning to talk and gaining language skills. “It’s imperative to identify children who have hearing loss early—by three months of age—and to treat the hearing loss within the first six months,” says Sue Ellen Boyer, AuD, audiologist at Monmouth Medical Center Southern Campus (MMCSC). “When we can accomplish this goal, a healthy baby’s cognitive, language, social and emotional development can be comparable to peers with normal hearing.”

Including New Jersey, 43 states (plus Washington, D.C. and Puerto Rico) have mandated newborn hearing-screening programs. MMCSC provides complete follow-up testing for newborns who may have failed their initial hearing screening. “The testing includes high-frequency tympanometry, Otoacoustic emissions (dpOAEs) and auditory brainstem response studies (ABR),” says Dr. Boyer. “Such testing provides invaluable information on the status of an infant’s middle ear, cochlea and auditory pathway from the ear to the brain stem.”

SCREENING OLDER CHILDREN

Many pediatricians and school nurses do annual hearing screenings of school-aged children. However, this isn’t mandated. Because hearing is a critical part of so many areas of development, it’s essential to have hearing assessed while children are school-aged. “Typically, if there’s a delay in speech development, parental or educational concern or a history of chronic ear infections, an audiological evaluation is warranted,” explains Dr. Boyer. This testing, which is tailored to the child’s age and developmental level, includes an assessment of middle ear and inner ear function, as well as the hearing sensitivity across different frequencies and how well the child understands speech.

“Parents are often the first to suspect hearing loss in their child,” says Dr. Boyer. “Do not ignore this concern. Testing is easy and painless, and, most importantly, can get your child the help he or she needs to succeed.”

WARNING SIGNS

According to the American Hearing Health Foundation, your child may have hearing loss if he or she:

• seems to hear fine some of the time and then not respond at other times.
• wants the TV volume louder than other members of the family.
• says, “What?” more often than other children.
• moves one ear forward when listening or complains they can only hear out of their “good ear.”
• has a teacher who notes that your child doesn’t seem to hear or respond as well in the classroom as other children. Falling grades can be another sign.
• frequently says they didn’t hear you. This may seem obvious, but parents might assume that their children aren’t paying attention when in fact there may be an unidentified hearing loss.
• looks at you intensely when you speak to him or her, as if concentrating. The child may be depending more than usual on visual cues for interpreting speech.

To have your child’s hearing evaluated by MMCSC’s Audiology Department, call 732.942.5921.
LUNG CANCER: SCREENING SAVES LIVES

LOW-DOSE CT SCANNING CAN SAFELY DETECT LUNG CANCER EARLY ENOUGH FOR EFFECTIVE TREATMENT.

Lung cancer is the leading cause of cancer death among men and women in the U.S. In part, this is because it usually causes no symptoms until it has reached an advanced stage when treatment options are limited and prognosis is poor.

The good news: When lung cancer is diagnosed and treated at an early stage, it becomes a highly curable disease, with a survival rate exceeding 70 percent. But the only way to treat it early is to find it early.

Unfortunately, not enough people are being screened, or they’re not being screened soon enough. Some aren’t aware that there’s a screening available for lung cancer. Others shy away from screening, fearful that the radiation involved is hazardous—unaware that a safer option exists. In partnership with Rutgers Cancer Institute of New Jersey, RWJBarnabas Health and Monmouth Medical Center Southern Campus (MMCSC) have committed to changing beliefs, raising awareness and promoting the early detection of lung cancer through its Comprehensive Lung Cancer Program.

The centerpiece of MMCSC’s innovative program is its low-dose CT scans (LDCT). The latest in diagnostic technology, these scans use about one-fifth the radiation of conventional CT scans. In addition, the Comprehensive Lung Cancer Program offers a dedicated Advanced Practice Nurse (APN) who provides individualized care and efficient care coordination; centralized scheduling and intake process and insurance preauthorization support; and smoking cessation services. If needed, the Comprehensive Lung Cancer Program serves as a gateway to MMCSC’s extensive cancer-care services, including minimally invasive thoracic surgery, radiation therapy, chemotherapy, immunotherapy and even clinical trials for eligible patients.

WHO SHOULD BE SCREENED?

The cost of lung cancer screenings is now covered by Medicare and Medicaid for individuals at high risk for lung cancer who meet the following criteria:

• Age 55 to 80 years old
• A tobacco smoking history of at least 30 pack years (pack years = packs per day x years smoked)
• A current smoker or former smoker who has quit within the last 15 years, has no symptoms of lung cancer and has not had a chest CT scan within the past 12 months

If you are 55–80 years old with at least a 20-year pack history, you also may be eligible. Criteria for lung cancer screenings vary among commercial insurance companies. Pre-authorization may be required for the test. For more information or to schedule a screening, contact MMCSC’s Comprehensive Lung Cancer Program at 732.923.7966.

RWJBarnabas Health and Monmouth Medical Center Southern Campus, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-designated Comprehensive Cancer Center—bring a world-class team of researchers and specialists to fight alongside you, providing close-to-home access to the latest treatment and clinical trials.

Healthy Together | PB
Winter 2019
Monmouth Medical Center Southern Campus | RWJBH.ORG/MONMOUTH SOUTH | 7
GIVING FOR GOOD HEALTH

Throughout the year, generous friends and neighbors donate time and money to help Monmouth Medical Center Southern Campus provide the most advanced medical treatments and compassionate care. Pictured here are just a few highlights from this year. Join us!

A HELPING HAND
We thank OceanFirst Foundation for their 2018 support! Gifts from the OceanFirst Foundation will fund community programs and services offered through the Better Health Program at Monmouth Medical Center Southern Campus. Presenting the check to Denice Gaffney, Vice President, MMCSC Foundation, is Kathy Durante, Executive Director, OceanFirst Foundation.

A TASTEFUL EVENT
Hosted and chaired by MMCSC Foundation Board Chairman Rob Sickel of Pine Belt Enterprises, the 2018 Flavors of the Jersey Shore Food & Wine Tasting took place on October 11, 2018, and was attended by 400 guests who sampled tastings from more than 45 top restaurants and beverage vendors from the Jersey Shore. The event, held in honor of Breast Cancer Awareness Month, supported Cancer Services at MMCSC.

THE DEVILS ARE IN THE DETAILS
RWJ Barnabas Health and the New Jersey Devils teamed up to support the health of New Jersey with the Running with the Devils 5K Run & Family Fun Walk on November 3, 2018, in West Orange. The MMCSC Foundation came in second place in the southern region for participation and exceeded its fundraising goal for the event. Proceeds will benefit the Cancer Support Community at MMCSC, which provides free services and empowers cancer patients and their families through emotional, physical and spiritual support.

A THRIFTY PROJECT
Thanks to longtime volunteer Virginia Gates, her grandson, Andrew Gates, and Boy Scout Troop 94 of Little Egg Harbor, the front counter at Lots for Little Thrift Shop got a makeover just in time for the holidays. As a part of the Eagle Scout Service Project, Andrew Gates, age 17, led fellow members of his troop in a complete remodel—including new counters and pegboard displays—of the shop using all donated materials. The MMCSC Foundation’s thrift shops are run solely by volunteers, and all donated goods raise funds that go directly to supporting hospital programs and services. Interested in volunteering or have donations? Please contact one of our three thrift shops: Lots for Little in Lakewood (732-364-6312), Kimball Closet in Jackson (732-886-5972) and Treasure Chest in Lakehurst (732-657-2590).

SAVE THE DATE

MMCSC FOUNDATION 2019 EVENTS

JUN 1, 2019
Humanitarian Gala
Eagle Oaks Country Club, Farmingdale, NJ

AUG 5, 2019
17th Annual Golf Classic
Eagle Oaks Country Club, Farmingdale, NJ

OCT 24, 2019
Flavors of the Jersey Shore Food & Wine Tasting
Pine Belt Chrysler Jeep Dodge Ram Showroom Lakewood, NJ

DON’T MISS OUT! RESERVE TICKETS TODAY BY CALLING THE MMCSC FOUNDATION AT 732.886.4438.

For more information on the Monmouth Medical Center Southern Campus Foundation, visit monmouthsouthgiving.org or call 732.886.4438.
Health needs have a way of happening at inconvenient times. You’re on a business trip and forgot a prescription. It is after hours and your doctor’s office is closed. Your family is on vacation and you have a sick child. Or you’re simply too sick to get out of bed.

For those situations and more, RWJBarnabas Health TeleMed now offers telemedicine—medical care available through a smartphone, tablet or computer—for urgent needs, or for people who feel they just don’t have time to visit a doctor.

“At RWJBarnabas Health, we’ve been doing telemedicine for a long time in specific specialty services,” says Amy Mansue, President, Southern Region, RWJBH. “For example, when very fragile babies are sent home, telemedicine lets doctors and nurses see a baby in real time if parents have a concern.”

The rollout of the broader RWJBarnabas Health TeleMed program to the general public follows a successful pilot program with the system’s 30,000 employees. “We know that telemedicine is not a one-size-fits-all solution for every demographic,” Mansue says. “But we also know that people’s lives are increasingly time-pressed, and that we’re in a world of one-click expectations when it comes to service.

“Our job is to find ways to get people access to the services they need, at the right level of care, at the time they need it.”

HOW IT WORKS
Once enrolled, patients can log in at any time of night or day for a videoconference with one of the on-call, U.S. board-certified physicians. There’s a flat fee of $45, payable by credit card at the time of service. (Many private insurance plans cover telemedicine, and in New Jersey, state-funded health insurance plans are required to, as long as certain standards are met.) RWJBarnabas Health TeleMed is secure and compliant with HIPAA, a federal law that sets standards for, among other things, the privacy of health information.

The doctor at the other end of the camera can assess symptoms, look at the area in question and make a judgment as to whether follow-up tests are needed. Though telemedicine is not meant to replace a patient’s relationship with his or her primary care doctor, “we do know that there are people who don’t have access to primary care, or don’t go routinely,” Mansue says. “This is a way to connect them with healthcare.”

Older patients may find telemedicine easier to adopt because long-distance healthcare has become common for chronic conditions, such as checking pacemakers or heart monitors over the phone. Younger patients, on the other hand, may actually prefer telemedicine to the in-person kind. “One study showed that 70 percent of people under age 35 had accessed medical care through telemedicine,” Mansue says. “They do everything through their phones—create relationships, order pizza—so it feels natural to do healthcare that way as well.”

Ultimately, the goal for RWJBarnabas Health TeleMed is for physicians to be able to access, with patient permission, a patient’s entire medical record in order to help make better diagnoses. “That’s an aspirational goal right now, because electronic medical record systems don’t communicate between themselves as well as they need to yet,” Mansue says. “But the technology improves every year.”

To enroll or learn more about RWJBarnabas Health TeleMed, powered by American Well, visit www.rwjbh.org/telemed, or download the app at the App Store or Google Play.
‘HOW I STAY ON TOP OF MY GAME’

NJ DEVILS STAR TAYLOR HALL REVEALS HOW TO EAT AND STAY FIT LIKE AN MVP.
Taylor Hall's healthy eating habits started young. “I can remember being at tournaments with my parents. All the other kids would be having Sharpees and chocolate bars after the game, but my parents had oranges and granola bars ready for me,” the 26-year-old New Jersey Devils left wing recalled during a post-practice interview at RWJBarnabas Health Hockey House in Newark. “Eating well was instilled in me at an early age and it’s something I take pride in, for sure.”

Those healthy habits—along with hard work and amazing talent—have paid off for Hall’s career as well as for his team. Last year, he scored a career-high 93 points and led the Devils to the Stanley Cup playoffs for the first time in five years. He also became the first-ever Devils player to win the Hart Trophy as the league’s most valuable player.

What’s his secret for staying at peak fitness? It turns out that Hall’s regimen, while serious, is also simple, with principles that can be followed by athletes at any level.

**EATING TO WIN**

Ask Hall to name a favorite food, and you won’t hear anything about ice cream or cake. “I tend to avoid sugar,” he says. “I’m lucky that I don’t often have a craving for it. But with the calories we expend, it’s very important for me to digest healthy carbohydrates and lots of protein.

“I keep my diet pretty simple. Protein, carbohydrates and then as much roughage as I can—a side dish like asparagus or sweet potatoes, and always a salad with dinner. Gluten-free pasta, rice and quinoa—those are really good for people like me who expend a lot of energy.”

Hall sticks to snacks that are low in carbohydrates and high in fat, like nuts, or high in protein, like Greek yogurt. “That kind of snack is not going to give you a big burst of energy before bedtime, so it will allow you to rest properly,” he says.

Less nutritionally worthy foods are limited, but not eliminated. “My cheat foods are cheeseburgers and pizza,” Hall says. “Maybe once a week you have yourself a night where you have those things. Certainly, you’ve got to live your life.”

Getting enough fluid takes on special urgency for professional athletes. “Staying as well-hydrated as possible is huge. You don’t want cramps during the game,” Hall says. He starts each day with two 500-milliliter bottles of water as soon as he wakes up, to get his metabolism going. “All day, I drink a ton of water, and during games, as many fluids with electrolytes as possible.”

**BODY AND MIND**

During the 82-game season, players expend energy where it counts—on the ice. After the season, Hall takes up to a month off from any physical activity, to give his body a rest. From then on, he works out and skates three times a day, five days a week.

His advice for other athletes is to focus their workouts on what their weaknesses are. “Some athletes might already have a very strong core, but need to work on their foot speed,” he says. “Overall, don’t worry about what you’re good at. Just try and correct stuff that might be hampering you a little bit.”

To prepare mentally, Hall uses meditation and relaxation techniques. “When I have a calm brain and everything seems easy to me, I seem to play my best,” he says.

**A WORD TO YOUNG ATHLETES**

Perhaps surprisingly, Hall’s advice to aspiring young hockey stars is not necessarily to work harder, but to take a step back. “Some parents have their kids in hockey year-round,” he says. “You see these kids who are amazing hockey players, but they just don’t seem to have a passion for it. I would say that you have to try out different things and have some free time. “You have to really love whatever you do,” he says. “The thing that you have the most passion for in life is what you’re going to be successful at.”

To learn more about the RWJBarnabas Health/New Jersey Devils partnership, visit www.rwjbh.org/devils.
When the big green van pulls up, the kids say “Wow!”—and that’s just the reaction RWJBarnabas Health healthcare providers and their partners are looking for.

The 35-foot vehicle, decorated with bright fruits and vegetables, is the hub of the Wellness on Wheels mobile education initiative, which launched in the fall of 2018. Equipped with a hydroponic and earth-box greenhouse and a full kitchen, the van travels to places like preschools, senior homes and houses of worship in areas where affordable, healthy food is hard to come by.

It’s fun to see young kids marvel at what an herb’s root looks like, run their fingers through soil, sort plastic fruits and vegetables or smile as they taste-test healthy recipes. Behind those hands-on activities is an overarching goal: to help communities get healthier.

“At RWJBarnabas Health, we embrace the concept of bringing health and wellness to communities by teaching people in places where they live, work, earn and learn,” says Barbara Mintz, Senior Vice President, Healthy Living and Community Engagement. “We want to make sure that people in underserved communities have a level playing field when it comes to being healthy.”

HELP FOR HUNGER

More than 900,000 New Jersey residents face hunger every day, according to the Community Food Bank of New Jersey. Unemployment, low wages and high housing costs contribute to the problem. So does the prevalence of “food deserts,” areas where residents live more than one mile from a supermarket and, without a car, must depend on public transportation to get there. Too often, those residents resort to unhealthy packaged or fast foods.

Wellness on Wheels aims to change those patterns and, to increase its impact, partners with local community groups. At a recent event at a New Brunswick preschool, hosted in conjunction with the Puerto Rican Action Board, a dietitian fluent in conversational Spanish showed children how to fill a plate with colorful food and demonstrated a simple, healthy recipe. Says Mintz, “We partner with local food banks and farmers markets to distribute healthy foods at our events.” Simple, culturally appropriate recipes are also provided to further support the mission of helping good health begin at home.

To see a video of the Wellness on Wheels inaugural outing and to learn more, visit www.rwjbh.org/WellnessWheels.

CORNS AND BLACK BEAN SALSA

We can get protein from plants as well as animals. Corn and black bean salsa makes a protein-packed after-school snack, or the perfect side dish with dinner.

• 1 ½ cups frozen corn, thawed and drained
• 1 cup low-sodium black beans, drained and rinsed
• 1 tomato, diced
• ½ red bell pepper, diced
• ¼ red onion, diced
• ½ jalapeño pepper, minced (optional)
• 2 tablespoons chopped parsley (or 1 tablespoon dried)
• Zest and juice of 1 lime
• 1 tablespoon olive oil
• ½ teaspoon salt
• ½ teaspoon black pepper

In a large bowl, combine all the ingredients and stir. Set salsa aside to allow flavors to come together. Serve with tortilla chips or on top of your favorite Latin-inspired dishes.
“Improving with Age” is the title of a presentation that Lina Shihabuddin, MD, Chief Medical Officer, Behavioral Health Network at RWJBarnabas Health (RWJBH), likes to give.

“A lot of things do get better with age,” says Dr. Shihabuddin, who is board-certified in adult and geriatric psychiatry as well as hospice and palliative medicine. “Growing older should not be thought of as a bad thing, but as a transition to a different phase of life.”

That’s a call not just to think positive, but also to think about aging and health in a new way. It’s the approach healthcare practitioners like those in the RWJBH Behavioral Health Network are taking when they proactively screen for depression and anxiety in primary care settings.

“It’s no longer ‘I have a disease, so I need to see a doctor,’” Dr. Shihabuddin explains. “It’s ‘I need to be well.’ Screening and early intervention helps patients of every age stay ahead of the game.”

ISSUES OF AGING

Geriatric psychiatry, also known as geropsychiatry, refers to mental health care of a person 65 years or older. “People seek out geriatric psychiatry for two reasons,” Dr. Shihabuddin says. “One, they may be dealing with very normal life adjustments that come with aging, which may include retirement, loss of a partner or distance from family.

“A second level of the issue is the start of memory problems, erratic behavior, possibly unsafe driving,” Dr. Shihabuddin says. “Is this the beginning of dementia, or a reversible medical problem? That’s where the intersection of primary care, neurology and geriatric psychiatry really comes into play.” Anxiety, depression and other issues can be triggered by a wide range of conditions, such as thyroid dysfunction, vascular problems, obesity or untreated diabetes.

Once the problem is diagnosed, healthcare providers can come up with a treatment plan, which may include anything from treating a disease, to creating a safer environment at home, to finding ways to be sure the patient has activity during the day, to teaching family members how to minimize conflict.

“The last resort, for us, is to offer medications,” such as antidepressants or sleep aids, Dr. Shihabuddin says. “Medications have more side effects for geriatric patients, and take longer to get out of the system. In treating geriatric patients, you have to start at very low dosages and slowly increase the dose if needed.”

TAKING THE FIRST STEP

Dr. Shihabuddin urges older adults (or their loved ones) to speak with their primary care provider as soon as signs of depression or anxiety appear. “The earlier you detect and treat a disorder, the better off you are,” she says.

Getting older gets a bad rap, Dr. Shihabuddin believes. “Yes, as the body ages, the neurons in the brain cells get less flexible, so it may be harder to learn new things,” she says. “On the other hand, the mind is more mature, giving older people the ability to look more analytically at situations and take them in stride. That’s what we call wisdom.

“People think about aging and they tend to think about things falling apart,” Dr. Shihabuddin says. “If we do enough early detection and prevention, it does not have to be like that.”

To learn more about geriatric psychiatry services in the RWJBarnabas Health system, visit www.rwjbh.org/geriatricpsych.
EVALUATING HEART FAILURE

Determining the degree of a patient’s heart failure allows doctors to make the best recommendations for preventing, delaying or treating the condition. Cardiologists put heart failure into one of four classes, starting with symptoms. Here is the New York Heart Association Classification:

- **CLASS I:** Ordinary physical activity does not cause undue fatigue or shortness of breath
- **CLASS II:** Comfortable at rest, excessive physical activity results in fatigue and shortness of breath
- **CLASS III:** Symptoms with non-excessive physical activity
- **CLASS IV:** Symptoms at rest

The cardiologist will then do an objective assessment of the degree of heart failure based on observations as well as tests such as a blood test, X-ray, electrocardiogram, stress test and echocardiogram.

LIVING WELL WITH HEART FAILURE
The term “heart failure” means that this vital organ is damaged in some way. Despite the dire-sounding nature of the term, however, a diagnosis of heart failure is far from a death sentence.

“Care for heart failure patients has improved so dramatically that, although this is a chronic problem, patients who have it can live long and productive lives,” says Gary Rogal, MD, Chief of Cardiology for RWJBarnabas Health and a member of Barnabas Health Medical Group.

The key to this positive outcome is simple—but not necessarily easy. The heart failure patient must take medicine as directed and make the recommended lifestyle changes.

“The patient who listens to the things their doctor recommends they do will do better in the long term,” Dr. Rogal says. “I always tell my patients, ‘50 percent of your outcome is based on what I do, and 50 percent is based on what you do.’”

UNDERSTANDING THE TERMS
About 5.7 million U.S. adults have heart failure, according to the Centers for Disease Control and Prevention.

“‘Heart failure’ is a generic, umbrella term that covers many different disease entities,” Dr. Rogal says. “In the simplest terms, the heart is a pump, and it is failing as a pump.” The failure can fall into two different categories that often exist together: left-sided and right-sided dysfunction. (See sidebar at right.)

“People sometimes get confused when they hear ‘heart failure,’ and ask, ‘Am I going to have a heart attack?’” Dr. Rogal says. “The reality is that they’re two different types of pathologies.”

Heart failure does not lead to a heart attack, he explains. Also, heart failure develops gradually, but a heart attack happens suddenly, when blood flow to an artery leading to the heart is blocked.

In either case, patients will receive similar advice for a heart-healthy lifestyle.

GETTING TO GOOD HABITS
Those recommendations likely come as no surprise: Take medication as directed. Exercise. Eat a healthy, low-salt diet. Stop smoking. Manage stress. Still, many patients don’t follow doctors’ orders. Dr. Rogal says. “People’s lives are so busy, and this tends to be a problem that’s not an immediate issue staring them in the face,” he says. “They think they can pay attention to it tomorrow.”

At the first sign of weakening or abnormality of the heart muscle, “I tell patients they need to start medications to help their heart muscle and begin to exercise,” Dr. Rogal says. “Walking is the easiest way to begin. And over the years, the pharmacology for heart failure has dramatically improved, so that we have a broad spectrum of medicines we can use.”

Dr. Rogal also recommends that patients with heart failure stop drinking. “Alcohol is a direct toxin to the heart muscle,” he says. “It can also lead to other issues, such as excessive sodium intake and dietary indiscretion. In my view, once you’ve started to develop any sign of heart muscle impairment, it’s time to hang up the alcohol.”

The same caution does not hold true for sexual activity. “In most cases, patients can remain sexually active,” Dr. Rogal says. “But be sure to discuss this with your doctor to ensure there are no limitations.”

Heart failure patients will find that the benefits of a heart-healthy lifestyle far outweigh the effort required to create new habits. Says Dr. Rogal, “You can live a very productive and positive life with heart failure—as long as you follow the guidelines shared by your doctor.”

YOUR HEART DOESN’T BEAT JUST FOR YOU. GET IT CHECKED.
The cardiac specialists at RWJBarnabas Health care for approximately 20,000 heart failure patients in New Jersey each year. RWJBH provides cardiac care for patients of every age and every condition, from wellness programs to heart transplants. To schedule a checkup or to learn more about world-class heart care near you, visit www.rwjbh.org/heart.
When Katherine Bentley, MD, Director of the Pain Program at Children’s Specialized Hospital, first met Harley Bourgeois, the 20-year-old had been confined to a wheelchair for more than a year.

Harley had traveled with her mother from their North Carolina home to New Brunswick so that the young woman could be evaluated for the hospital’s Chronic Pain Management Program. It had been six years since Harley had been diagnosed with complex regional pain syndrome (CRPS), a chronic condition that is thought to be caused by an injury to the nervous system, and that grows more excruciating over time.

“CRPS is a hard diagnosis because it’s a diagnosis of exclusion. You rule out everything else, test by test,” Dr. Bentley says. “While we don’t know everything about why a youngster might be experiencing this chronic pain, we know that intensive therapies and interdisciplinary treatment plans can help them.” Harley worked with a dedicated team of physical therapists, occupational therapists, psychologists, child life specialists and physician/advanced practice nurses.

The Chronic Pain Management Program is not for the faint of heart. “Harley was weaned off her pain meds, and had hours of therapy every day, six days a week,” Dr. Bentley says. The goal of therapy is to retrain the brain to decrease sensitivity to pain. Patients can take advantage of aqua therapy in the hospital’s pool, as well as cutting-edge technology like the ZeroG, a dynamic support harness that helps people walk without using their full body weight.

The program also emphasizes mental preparation for reentering the normal life that so many have lost. A typical day would include meditation, individual and group psychology sessions, peer mentoring and evening recreation.

Over the course of eight demanding weeks, Harley made progress: mastering the parallel bars, walking up a stair, walking with a walker and the ZeroG harness. Finally, one day when her mother visited, Harley surprised her by walking to her without assistance, and giving her a big hug. That was in March 2018. Harley is now a student at North Carolina State University, fulfilling her dream of studying livestock and poultry management. She still makes time to visit her friends and former alumni of the Chronic Pain Management Program.

“The takeaway of this story is, ‘never give up hope,’” Dr. Bentley says. “Harley had been in such pain and dysfunction for a long time, but she kept looking for a way to get better. And thanks to her perseverance and commitment, she did.”
MMCSC IS LEADING THE CHARGE ON BATTING THIS LIFE-THREATENING COMPLICATION.

One of the most common reasons for coming to the emergency department and being admitted to the hospital is also one of the least understood: Sepsis. Unfortunately, it’s also the leading cause of death in U.S. hospitals.

WHAT IS SEPSIS?
Simply put, sepsis is the body’s overwhelming response to a serious, untreated infection. The body reacts to the infection by going into a state of overdrive, producing an extreme inflammatory response. This systemic inflammation can produce blood clots, leaking blood vessels and subsequent organ damage. Left unchecked, sepsis can progress to septic shock, where blood pressure drops, organs fail and whole systems begin to shut down.

“Your immune system works to fight, germs, bacteria, viruses, whatever is invading the body. At some point your body becomes overwhelmed while trying to fight the infection, at which point sepsis takes hold,” explains Marie Brownlee, RN, Quality Coordinator for Monmouth Medical Center Southern Campus (MMCSC). “Approximately 30 percent of patients that are diagnosed with severe sepsis do not survive and up to 50 percent of the survivors develop what’s called post-sepsis syndrome, which keeps the body in a weakened state and highly susceptible to new infections. This is why sepsis has one of the highest re-admission rates of any diagnosis.”

More than one million Americans are diagnosed with sepsis each year. Contrary to popular belief, sepsis is not merely “an old people’s problem.” People of all ages are at risk, particularly those with compromised immune systems, be it from cancer treatments, diabetes, HIV or other conditions.

Sepsis exacts a serious financial toll, as well. “Sepsis is the most expensive inpatient cost to American hospitals as of 2014,” says Brownlee. “Between its high mortality rate and the financial burden it places on the healthcare system, combating sepsis has become an increasing priority.”

It’s a battle that’s being successfully waged at MMCSC. A recent review by the New Jersey Hospital Association (NJHA) of MMCSC’s medical records showed that MMCSC has a “sepsis bundle” compliance rate of 80.1 percent, far higher than the state average of 56 percent. “This percentage shows how often patients who were ultimately found to have sepsis were properly diagnosed, had the appropriate treatment and were treated in the right time frame,” says Brownlee. “With sepsis, early diagnosis and intervention is key because treating this condition is literally a race against time. If treatment doesn’t begin in the first three hours from onset, the patient’s prognosis is drastically poorer.”

GOING ON THE OFFENSIVE
Led by Emergency Medicine Pharmacist, Andrew Vassallo, PharmD, at Community Medical Center, another RWJ Barnabas hospital located in Toms River, the Pharmacy team at MMCSC has set its sights on even better results and is conducting clinical trials on an experimental treatment protocol.

“In the initial study, it helped more patients survive sepsis and reverse their organ damage,” says Dr. Vassallo. The trial should conclude by early spring, potentially giving doctors and nurses information that will help them fine tune sepsis care for even better results.
A HEART-HELPING PROGRAM

CARDIAC REHABILITATION GETS PATIENTS BACK ON THEIR FEET.

Sometimes a routine health exam can uncover a serious issue—as Glenn Harrison of Lakewood knows all too well. In early 2017, prior to Glenn undergoing minor hernia surgery, his primary physician sent him for check-ups to get a clean bill of health. Instead, the 63-year-old attorney got unexpected news: The cardiologist his doctor referred him to, Avinash Gupta, MD, at Monmouth Medical Center Southern Campus (MMCSC), discovered he had two blockages in his arteries.

Glenn underwent a procedure at Newark Beth Israel Medical Center, also an RWJBarnabas Health facility, to relieve the obstructions. Afterward, Dr. Gupta suggested Glenn take another step to protect his heart by attending the Cardiac Rehabilitation program at MMCSC. The program offers medically prescribed and closely supervised exercise along with risk factor modification to boost the cardiovascular health and general well-being of patients with heart disease.

For Glenn, the decision to entrust his continuing care to MMCSC was an easy one. He has a particular loyalty to the hospital—“I was born there,” he explains. Glenn signed up for 36 sessions of cardiac rehab, covered by his insurance. The program comprises three phases: a Phase I inpatient program, a Phase II monitored outpatient program and a Phase III unmonitored program.

Immediately, Glenn, who was
considered a Phase II outpatient, was impressed by the well-equipped facility and the care with which he was supervised. “They start you out slowly,” he says. “I work with a treadmill, then I go to a machine that works the arms, then the elliptical machine, then a machine like a recumbent bicycle. When I first started, the cardiac rehab nurses would connect me to a cardiac monitor several times throughout my visit and take my blood pressure and pulse ox [a test used to monitor blood’s oxygen saturation level].”

Nowadays, Glenn is considered a Phase III patient. As such, he’s no longer hooked up to the cardiac monitor as he exercises. The nurses take his blood pressure at the start and end of the exercise session, and Glenn monitors his own pulse ox via a small device clipped to his finger, recording his vitals on a form he fills out at each visit. In addition to exercising, he’s learned about healthy lifestyle changes and stress management techniques via the nurses.

Glenn has found cardiac rehab so effective that he’s continued at the center, which is open Mondays, Wednesdays and Fridays, beyond the 36 sessions his insurance initially covered. “I’ve been going for 10 months now, and think I’ll keep going indefinitely because it’s right by my office and very affordable,” he says. “I once tried a gym that was five miles away from me and I was like ‘Ugh, I’m not going.’ But here, I’m at the center by seven o’clock in the morning and at the office by eight.”

There’s a social element to the center, too, Glenn adds, which makes it enjoyable. “Two people I met there, I already knew. I met my high school history teacher there, and there’s another person there who always goes when I do.”

Dr. Gupta is pleased with Glenn’s devotion to the center. “Basically, if anybody has had a heart attack or a stent or bypass, it has been shown that they benefit from a cardiac rehab program. It can help prevent future blockages and the need for further stents,” he explains. The supervision the patients receive makes it easier for Dr. Gupta to do his job, he adds. “If a patient starts exercising on their own, we don’t know if they’ll be safe as far as their heart is concerned,” he cautions. But at the center, when patients are hooked up to the cardiac monitor, “if they have any irregular heartbeat the nurses will see it and report it to me,” he says. “And if a patient experiences any chest pain they’ll stop the test. It’s like me seeing my patients three times a week with the nurses’ eyes. The cardiac rehab is my eyes and ears.”

Glenn feels good about having a regular exercise regimen. “You know what it’s like when you get up and finally get to the gym—you feel better,” he explains. “You’re getting the heart going and there’s an emotional and psychological benefit to it, knowing that you’re forestalling any artery clogging.” His message to others: “Any exercise is beneficial. If your doctor recommends it, it’s prudent to do what he tells you to do.”
KEEPING SENIORS HEALTHY AND HAPPY

MMCSC’S GERIATRICS INSTITUTE PROVIDES SPECIALIZED HEALTHCARE SERVICES—AND MORE—IN A WELCOMING ENVIRONMENT.

Renee Menasse of Manchester sits with her care team at the James and Sharon Maida Geriatrics Institute along with Jessica Israel, MD, Corporate Chair of Geriatrics and Palliative Care at RWJBarnabas Health. Standing (left to right): Kathy Holahan, MSW, LCSW, Geriatrics Caregivers Education and Support; Melanie Vernacchia, MSN, APN, OCN, Nurse Practitioner, Clinical Director of Geriatrics and Palliative Care; Carol Paganelli, Coordinator; Kris Ruscil, RN, BSN, CHPN, RN Coordinator; Michael Skloff, Director, Geriatrics Institute.
PRICELESS FRIENDSHIP

Renee Menasse of Manchester spends some time with the new friends she has made on her treatment team at MMCSC’s Geriatrics Institute. “You can’t pick your family, only your friends,” says Renee. “I’m so lucky I have both a wonderful family and great friends, including everyone at the Geriatrics Institute.” Renee continues to be treated as an outpatient at the Institute, in addition to participating in the Institute’s Caregivers Support Group. “We share a common bond of taking care of loved ones.”

As we age, our healthcare needs grow and change. This can present physical, financial and emotional challenges, especially if you have to travel to multiple providers and facilities (and on a regular basis). That’s why the James and Sharon Maida Geriatrics Institute at Monmouth Medical Center Southern Campus has become such a valued resource for area seniors. Think of it as “one-stop shopping” for your medical needs. Whether you need emergency treatment, a primary care visit, a consultation with a specialist, a cognitive evaluation, hospitalization, outpatient diagnostic tests or rehabilitation services, your care can be coordinated under one roof—and provided by experts specially trained in the needs of aging adults.

Here’s a look at some of what the Institute offers:

GERIATRIC EMERGENCY MEDICINE UNIT

When you need immediate medical care for a serious, acute problem or need care after hours, the Institute’s Geriatric Emergency Medicine (GEM) Unit provides specialized emergency medical care for older adults in a safe and calming atmosphere. Every member of the unit’s interdisciplinary team of caregivers is specially trained in geriatric medicine—and the team includes a clinical pharmacist to review all of your current medications. The Unit’s eight treatment rooms feature non-skid floors, easier-to-access beds, easier-to-read signage, soft lighting and larger TVs. They’re also acoustically designed to minimize ambient noise.

ACUTE CARE FOR ELDERS (ACE) UNIT

The Institute’s Acute Care for Elders (ACE) Unit provides a dedicated wing of spacious single-patient rooms for patients 65 and older who need to be hospitalized. This wing is separated from the rest of the hospital to provide a quiet, restful environment. Much like the GEM Unit, the ACE Unit is designed with the needs of older adults in mind, featuring environmental safety elements coupled with warm colors, soft lighting and other touches, like bedside recliners and dedicated family gathering spaces, to maximize comfort for both patients and their families.

BEFTER HEALTH PROGRAM

To improve the health and well-being of local seniors, the Institute offers a free membership program called Better Health. All members are entitled to the following privileges:

• VIP access to health education seminars led by experts from MMCSC
• Free preventive screenings
• Exercise classes, including Tai Chi and yoga
• Social activities, ranging from concerts to luncheons
• Preferred physician scheduling
• Appointment are guaranteed within 48 hours of your request
• Preferred parking at MMCSC’s Outpatient Pavilion
• Easy access to pre-register for upcoming services (simply call 888.726.2362)
• A 10% discount at the hospital’s gift shop

To join the Institute’s Better Health program, call 888.726.2362 or visit rwjbh.org/betterhealth. After registering, you’ll receive a Welcome Kit in the mail, including a membership card and a hospital parking permit.

MEET THE STAFF...

ABHIJIT CHATTERJEE, MD, NYU fellowship-trained and double board-certified in geriatrics and internal medicine, joined the Institute as a full-time geriatrician on Nov. 1. Dr. Chatterjee brings to the Institute more than 22 years of experience in various clinical settings in the geriatric arena. “I believe that a geriatrician can help seniors maintain their functionality and independence till a very ripe age by timely and age-appropriate health interventions,” says Dr. Chatterjee, who is very passionate about healthy aging and preventive care. “The aging process is unavoidable, but the manner in which you choose to age will affect the quality of the rest of your life. It’s not uncommon nowadays to see 80- and 90-year-olds lead productive and fulfilling lives.” Dr. Chatterjee also believes that the multidisciplinary approach to senior care that the Institute offers is an added bonus.

As a nurse practitioner, MELANIE VERNACCHIA, MSN, APN, OCN, serves as a second pair of clinical eyes to oversee and coordinate all aspects of the Institute’s operations. “I’m very hands-on with patient care, which I love, and very involved on the ‘front end’ of everything that goes on,” says Vernacchia, who explains that the Institute’s approach to patient care is holistic. “We focus on the whole person and feel that the patient-provider relationship should be one of mutual respect and collaboration,” she says. “We believe in treating each person as a unique individual with specific healthcare needs.”
It’s normal to feel a twinge of regret as the trees lose their leaves and the warm weather gives way to icy blasts. But if this yearly shift tends to leave you in a persistent funk, you may suffer from Seasonal Affective Disorder (SAD), a type of depression that comes and goes with the seasons.

Typically, SAD starts in late fall and early winter, then retreats in the spring and summer. SAD can also strike as winter turns to spring, or spring becomes early summer, but it’s much less common at those times.

Could you have SAD? For a diagnosis, patients must meet the criteria for major depression, pegged to specific seasons (winter or summer) for a minimum of two years. If the patient has non-seasonal depression as well, episodes must be much less frequent than seasonal ones.

SYMPTOMS OF MAJOR DEPRESSION
- A feeling of depression that lasts nearly all day long, almost daily
- Feelings of agitation, or conversely, lethargy
- Loss of energy
- Loss of interest in formerly enjoyable activities
- Changes in weight or appetite
- Sleeping problems
- Problems with concentration
- Feelings of guilt, hopelessness or worthlessness
- Persistent thoughts of death or even suicide

DISTINCTIVE SYMPTOMS OF WINTER SAD
- Low energy
- Excessive sleeping or sleepiness
- Overeating
- Weight gain
- Carbohydrate cravings
- Withdrawal from social activities

SYMPTOMS OF SUMMER SAD
- Loss of appetite/weight loss
- Insomnia
- Anxiety
- Restlessness
- Agitation
- Violent behavioral episodes

“Certain people have an elevated risk for SAD,” explains Arnold Williams, MD, Director of the Psychiatric Emergency Screening Services (PESS) Unit at MMCSC. “Women, for instance, are diagnosed with it four times more often than men. Living far from the equator can increase your odds of having this condition, as can a family history of SAD. In addition, younger people and those with depression or bipolar disorder are especially vulnerable.”

Though SAD’s causes aren’t known, researchers have found some clues. They theorize that sufferers may have trouble with regulating serotonin, a neurotransmitter involved in mood, or may overproduce melatonin, a hormone that regulates sleep. Vitamin D insufficiency may play a role in the condition as well.

If you suspect you have SAD, there’s no need to suffer in silence. Speak with your physician: Several types of treatment are available, including medication, light therapy, psychotherapy and vitamin D supplementation. Separately or in combination, they may give you some much-needed relief.

MMCSC offers expert help for those suffering from SAD. For more information, please call 800.300.0628 or visit rwjbh.org/behavioralhealth.
Community Education

Tai Chi for Beginners
Thursdays, through Jan. 31, 1 to 2 p.m.
Get a head start on your “Healthy New Year” with Tai Chi! Free for Better Health Members who are new to Tai Chi. Led by expert instructor Kit Lau, Tai Chi can improve balance, coordination and lower body strength. 3rd Floor Conference Room.

Healthy New Year!
A Mini-Conference
Thu, Jan. 10, 11 a.m. to 2 p.m.
Let’s make health and wellness a priority in 2019! Join us for an afternoon of inspiring lectures from a variety of presenters including organizing humorist, Jaime Novak, author of “Keep This Toss That: Unclutter Your Life to Save Time, Money Space and Sanity”; owner and operator of Coastline Pilates, Renee Millemann; and MMCSC’s Abhijit Chatterjee, MD, from the Geriatrics Institute. Light bites will be served. 3rd Floor Conference Room.

Sticking to Your Resolutions
Mon, Jan. 14, 1 to 2:30 p.m.
Does your list of resolutions for 2019 look oddly similar to the list that you made for 2018 and for 2017? Join us as we encourage one another and discuss making and setting realistic health goals for 2019, as well as how to stay motivated throughout the year! A light lunch will be served. 3rd Floor Conference Room.

West Africa on the East Coast
Tue, Feb. 19, 11 a.m. to 1 p.m.
Explore the cultural tapestry of West Africa through centuries of art from within its 18 present-day countries. Included will be sculpture, beadwork, metalwork and ivories from local museums, such as the Metropolitan Museum of Art, the Brooklyn Museum, the Princeton University Art Museum and the Newark Museum. Conference Room ABC.

SCREENINGS
Lung and Vascular Screenings
Monmouth Medical Center Southern Campus has joined Monmouth Medical Center in Long Branch in offering and promoting low-dose CT scan lung screening as part of the MCM/MMCSC Lung Cancer Screening Program in partnership with Rutgers Cancer Institute of New Jersey. Additionally, The Vascular Institute at MMCSC offers convenient, noninvasive self-pay vascular screenings to at-risk men and women over age 55. Results from both screenings are sent to your primary care physician. Both the lung and vascular screenings will support community health needs through education, early detection and prevention. For more information on the Lung Cancer Screening Program, call 732.923.7966. To schedule a vascular screening, call 888.724.7123.

NEW SUPPORT GROUP
MMCSC is announcing the addition of a Bereavement Support Group. This therapeutic support group is designed for those suffering from the death of a loved one in the past year. The group will be held weekly and facilitated by Kathleen Holahan, LCSW, a licensed clinical social worker. Pre-registration is required. To pre-register, call 732.730.9112. 3rd Floor Geriatrics Conference Room.

Unless otherwise noted, all programs are free, held at Monmouth Medical Center Southern Campus (600 River Avenue, Lakewood) and require advance registration by calling 888.724.7123.
Your heart doesn’t beat just for you.

Get it checked. It beats for your husband or wife, your children and grandchildren. It beats for your brothers and sisters, your friends and lovers. It beats for everyone who cares deeply about you. So please, get your heart checked. For them. For you. For more information and to make an appointment with one of New Jersey’s top cardiologists, visit rwjbh.org/heart.