EAT LIKE AN MVP!
NJ DEVILS STAR TAYLOR HALL TELLS HOW

LIVING WELL AFTER WEIGHT-LOSS SURGERY
‘DO I NEED A NEW KNEE?’
NEW MOVES FOR PARKINSON’S
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 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.

RWJUH Rahway has been providing free healthy cooking programs and nutrition and health education to the community for more than a decade. The hospital has also partnered with local food pantry Rahway Food for Friends to provide diabetes education and counseling, and we regularly donate healthy pantry staples. Together with The Gateway Family YMCA-Rahway Branch, we’re offering free diabetes workshops. The complications of diabetes can be terrible, but with the right education, support and management, we can make a difference. 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

KIRK C. TICE
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

AN MRI PUTS THE EMPHASIS ON PATIENT COMFORT

RWJUH Rahway has a state-of-the-art MRI that offers superior viewing and makes the imaging process much more comfortable for patients. The MRI has improved resolution, a larger opening and is shorter from front to back—a significant feature for people who don’t like being in confined spaces. A window located behind the magnet creates a more open and less confining perception of the MRI experience. In addition, the new MRI is about 40 percent quieter than older models.

These features are important, but even more important is the personal touch RWJUH Rahway MRI technicians provide. They do all they can to make patients feel comfortable, including offering noise-cancelling headphones, music customized to preference and warmed, colorful, locally-made blankets.

A prescription is required for an MRI. To make an appointment, please call our central scheduling line at 844.795.4968.

Robert Wood Johnson University Hospital Rahway
865 Stone St., Rahway, NJ 07065
732.499.6118

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RWJBarnabas Health

Healthy Together | Winter 2019
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A community update from our CEOs.

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THANKS TO HYPERBARIC OXYGEN TREATMENT, A PATIENT’S DIFFICULT FOOT WOUND WAS FINALLY HEALED.

To learn more about the Center for Wound Healing and Hyperbaric Medicine at RWJUH Rahway, call 732.453.2915 or visit www.rwjbh.org/rahway.
Patricia Porterfield had tried a long list of treatments before she came to the Center for Wound Healing and Hyperbaric Medicine at Robert Wood Johnson University Hospital Rahway (RWJUH Rahway). A wound on her foot that refused to heal was much more than a minor nuisance.

“I was in a wheelchair for about six years off and on because I could not walk on that foot,” Patricia says. “And I went through so many surgeries. I tried all kinds of grafts.”

Patricia’s case was a difficult one, exacerbated by her diabetes, says Jason P. Galante, DPM, a foot and ankle surgeon at RWJUH Rahway. Diabetes often leads to nerve damage, especially in the feet, meaning that patients can hurt themselves and not realize it, he explains.

To make matters worse, blood vessels also may be damaged. “Vascular disease goes hand in hand with diabetes,” Dr. Galante says. “Just like you can get clogged arteries in your heart, you can get clogged arteries in your lower extremities. That reduces your ability to heal.”

In Patricia’s case, in addition to the foot wound, she had developed a bone infection. On top of that, her diabetes led to a condition called Charcot foot, in which the bones in the foot weaken and may collapse.

By the time she came to the RWJUH Rahway Center for Wound Healing, she was facing amputation of the affected foot.

OXYGEN TO THE RESCUE
As a last resort, Patricia was given pressurized oxygen therapy in the Center’s hyperbaric medicine facility.

Patients receiving hyperbaric oxygen treatment enter a large, clear acrylic pressure chamber filled with 100 percent oxygen at about twice normal sea-level air pressure, says Jane Afremova, RN, Program Director at the Center. “With most wounds that do not heal, the problem lies in circulation,” Afremova explains. “Through this treatment, the patient’s blood can carry a lot more oxygen to wounded tissue, and wounds respond well.”

Patients normally receive daily hyperbaric oxygen treatments for about six weeks. Each treatment lasts from two to two-and-a-half hours. Patients can sit up, watch television and talk to people outside the transparent walls of the chamber during the treatment, Afremova says.

After overcoming some initial discomfort about being confined during the treatments, Patricia stuck out the weeks-long regimen and complied with the other parts of her wound-care program.

The efforts paid off. Patricia is out of the wheelchair and has had no major surgeries since the hyperbaric treatment. She kept her foot and has regained a big part of her life.

Oxygen to the rescue

WHEN A WOUND WON’T HEAL
A healthy body, when injured, can often heal itself. The blood forms clots to stop bleeding. Extra blood infuses the wound with antibodies to fight infection and nutrients to build new cells. New skin and tissue forms, and the wound closes. Eventually, inflammation and swelling go down and the site of the wound returns to normal.

But sometimes those things don’t happen, as a result of a range of conditions, including diabetes, edema (fluid retention), serious burns or radiation treatments. If a wound doesn’t respond to treatment after two weeks or heal completely in four weeks, it may require specialized care.

Hyperbaric oxygen is one of the most effective treatments for many non-healing wounds. It can be used alone or with other treatments, including antibiotics, special wound dressings, nutrition and devices to relieve pressure on the wound. Grafts and surgery also can be used to repair feet and other parts of the body damaged by wounds that won’t heal.

In the case of a non-healing wound, it’s far better to seek treatment early than to wait, especially for people with diabetes.

“If you have any wound and you’re a diabetic you should be seen by wound-care specialists, foot and ankle specialists, podiatrists, your primary care doctor,” says Jason P. Galante, DPM, a foot and ankle surgeon at RWJUH Rahway. “Unfortunately, with diabetes, wound problems can get real bad real fast.”

“I walk with a brace, but I can walk,” she says. “For nine years I couldn’t work, but last year was the first year I’ve been able to hold down a job. That was a good experience for me. I loved it.

“Hyperbaric oxygen was the only thing that helped close it up,” she says. “Because of that treatment, I was able to keep my foot.”
YES, YOU CAN EAT WELL AFTER BARIATRIC SURGERY

“Your body will no longer be in the way of your life.” That’s the promise Lauren Bernstein, a registered dietitian and certified diabetes educator, can make to people who undergo bariatric (weight-loss) surgery, and follow it up with a change in their diet and exercise habits. “A commitment to nutrition and exercise will change your life forever and help beat the debilitating disease of obesity,” says Bernstein, who provides nutritional counseling and support for patients in the Robert Wood Johnson University Hospital Rahway (RWJUH Rahway) Surgical Weight Loss Program.

Bariatric surgery has many health benefits for those who struggle with obesity. It can lead to significant improvement in related conditions such as high blood pressure, heart disease, sleep apnea and type 2 diabetes, which means patients can cut back or stop taking medications. But for many, a deterrent to having the surgery lies in the simple question: “What will I be able to eat?” Although your diet will change after surgery, it needn’t make you feel deprived, Bernstein says. “Plan ahead and get support. Meet with a dietitian before and after surgery to develop your success plan,” she advises. Here are her answers to frequently asked questions.

HOW MUCH WILL I BE ABLE TO EAT AFTER SURGERY?
“Your stomach will be about 20 to 30 percent the size it used to be,” Bernstein says. “The calories you take in during your first month after surgery will be very low, but you will gradually increase your intake after that. The number of calories that can ultimately be handled varies with each person.”

HOW CAN I BE SURE TO GET ENOUGH VITAMINS?
“As part of your post-surgery wellness and nutrition plan, you will need to take vitamins, such as MVI, B12, iron and calcium, to support your new healthy-eating plan,” Bernstein says.

WHAT FOODS ARE MOST BENEFICIAL POST-SURGERY?
“Focus on soft proteins like fish, eggs and low-fat dairy,” Bernstein says. “Avoid most starch, not only because carbs have too many calories, but because bread, rice and pasta expand in the stomach and will not go down as easily as they used to now that your stomach is smaller. “Think protein and produce. Take in at least 64 grams of protein daily. Each meal should include a 2-to-3-ounce protein source, a vegetable and a soft fruit. Protein shakes will help. As time goes on, you will be able to eat chicken and even steak. Everything needs to be chewed slowly and well to accommodate the surgical changes to the stomach.”
WHAT FOODS SHOULD BE AVOIDED?
“Foods like chips, ice cream and sugary drinks are what I call ‘slippery’ foods. They go down easily, and ‘slip’ through your smaller stomach,” Bernstein says. “They possess too many empty calories and offer virtually no nutritional value, interfering with your weight loss.”

WHAT ABOUT DRINKING?
“Hydration is vital, so drink at least 64 ounces of fluids between meals, every day,” Bernstein says. She warns against drinking carbonated beverages, which can create gas and bloating that will cause discomfort.

As for alcohol, patients will find that their tolerance is much lower post-surgery, and they will reach high blood alcohol levels much faster than they used to. Bernstein recommends that patients consult their bariatric surgeon about when or whether to drink alcohol.

CAN I EXPECT ANY KIND OF DISCOMFORT RELATED TO EATING POST-SURGERY?
“If you don’t follow the dietary recommendations, you can expect discomfort,” Bernstein says. “Not getting enough hydration, advancing the diet too soon, and eating too fast will cause discomfort.

“To avoid that, you will learn to listen to your body, to eat slowly and mindfully and to stop eating when you feel the first symptoms of fullness. If you find yourself pushing past that, you may feel nauseous or vomit.”

HOW WILL I FEEL ON THIS POST-SURGERY EATING PLAN?
“Your energy level will improve each week,” Bernstein says. “You will be getting nutrient-dense foods instead of the processed foods that weighed you down. Carrying around less weight will motivate you to begin more rigorous exercise as soon as your doctor gives the okay.

“Moreover, with a new body, better health and extra energy, you’ll find that your outlook on life improves as well,” Bernstein says. “You will enjoy doing things with friends and family that you may have avoided before because they were too uncomfortable. We always encourage our patients not to focus on what they gave up, but on what they have gained in energy, stamina and ability.”
GIVING FOR 
GOOD HEALTH

Throughout the year, generous friends and neighbors donate time and money to help RWJUH Rahway provide the most advanced medical treatments and compassionate care. Join us!

A SALUTE TO A LEADER
The RWJ Rahway Foundation celebrated John Kline, MD, who retired in November 2018 after a long career in orthopedic surgery and 35 years as Chair of the RWJUH Division of Orthopedics. Dr. Kline was on the Foundation’s board from 1991 to 2014, and he, along with his wife Christine, has been a longtime leader of the culture of philanthropy at RWJUH Rahway. Christine Kline has been a Foundation member since 1999, serving as both Chairman and Vice-Chairman and chairing the Rose Ball Committee. In addition to their work with the hospital, both Dr. and Mrs. Kline have led many community groups focusing on health and well-being. Dr. and Mrs. Kline have been named to the Guardians of the Rose, a select group honored for their leadership and philanthropy at RWJUH Rahway. “We’ve always been naturally inclined to help the hospital,” Mrs. Kline says. “Dr. Kline had privileges at a number of hospitals, but RWJUH Rahway always felt like home.”

SAVE THE DATES

PROCEEDS FROM THESE EVENTS WILL BENEFIT THE PROGRAMS AND SERVICES OF RWJUH RAHWAY, HELPING THE HOSPITAL TO CONTINUE ITS MISSION TO PROVIDE THE SAFE AND QUALITY HEALTHCARE SERVICES PATIENTS NEED AND DESERVE.

SATURDAY, APRIL 13
30TH ANNUAL ROSE BALL
The Wilshire Grand
West Orange, NJ
5 p.m. VIP Reception
6 p.m. Cocktail Reception
7 p.m. Awards & Dancing

MONDAY, MAY 13
WOMEN’S GOLF CLASSIC
Shackamaxon Country Club,
Scotch Plains
8:30 a.m. Registration
10 a.m. Clinic & Shotgun Start

MONDAY, SEPTEMBER 16
36TH ANNUAL GOLF CLASSIC
Echo Lake Country Club
Westfield, NJ
10:30 a.m. Registration
12 p.m. Shotgun Start

RWJUH RAHWAY’S GOT SPIRIT!
RWJUH Rahway won a trophy for having the highest percentage of employees, Northern Region, to register for the Running With The Devils 5K Run and Family Fun Walk on November 3 in West Orange. Nearly 2,000 people participated in the RWJBarnabas Health system-wide event. The day included music, prizes, activities and souvenirs from the New Jersey Devils, as well as an appearance by the RWJBarnabas Health Wellness on Wheels bus.

To learn more about events and giving at RWJUH Rahway, please call the RWJ Rahway Foundation at 732.499.6135 or visit www.rahwaygiving.org.
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 Slurpees 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 on 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.”
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 dietician 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.

The Wellness on Wheels van is rolling to communities throughout the state.

EATING WELL

CORN 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.

- 1½ 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
- 1/8 teaspoon salt
- 1/8 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.”
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.

“It was a long way to come just to be evaluated, but we had to meet her, and she had to know what she would be getting into if she came back for the program,” Dr. Bentley says. “It’s a huge commitment. But she was ready for it.”

UNEXPLAINED ACHES
Harley’s problem started when, as a healthy middle-schooler, she had an X-ray for a minor injury that caught a suspicious abnormality on her right femur. An oncologist removed the lump, and all seemed well—but the aching in Harley’s right leg never went away.

One day, the horse she was riding bucked, shooting her into the air. She landed on the same aching femur. For many months thereafter, she and her parents traveled from doctor to doctor as the pain escalated. By the time Harley got to Children’s Specialized Hospital, the slightest touch—even a breeze—sent pain shooting through her body.

“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 multidisciplinary 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.”

To learn more about the Chronic Pain Management Program and other services at Children’s Specialized Hospital, visit www.childrens-specialized.org.
LIVING BETTER WITH COPD
YOU CAN MANAGE SYMPTOMS TO MAKE DAILY ACTIVITIES EASIER.

Shortness of breath due to chronic obstructive pulmonary disease (COPD) does not mean that everyday tasks have to be difficult, according to specialists at Robert Wood Johnson University Hospital Rahway (RWJUH Rahway). Patients can keep active, improve their breathing and even slow down the disease.

A first step, experts say, is for patients to make sure they understand the relationship of COPD to medicines, exercise, smoking and even eating. “Some positive changes in each of these areas can help you breathe better, and make you feel good enough to do more,” says respiratory therapist Paula Erickson, who runs RWJUH Rahway’s Pulmonary Rehabilitation Program. “Many patients are surprised by all the things you can do to feel better.”

Taking Control
Keeping on top of advances in treatment can help you prevent some symptoms and improve health long-term, says Carlos Remolina, MD, a pulmonologist on RWJUH Rahway’s medical staff.

“If not treated properly, COPD can progress to the point that the lungs are as hard as a rock,” Dr. Remolina says. “Over the past three years, several new medicines have greatly changed how we treat some types of it. But no matter what medicines you use, talk to your doctor to make sure you’re using them in a way that will allow you to get all the benefits.”

Exercise is also important. “My motto is ‘keep moving,’” Erickson says. “Exercise will keep you more fit, so you can do more things.” Conversely, the less you exercise, the more effort any kind of movement will take.

Other tips for living better with COPD:
• Get help to stop smoking.
• Eat smaller meals throughout the day, instead of three big ones. “An over-full stomach pushes the diaphragm, which pushes against the lungs,” Erickson says.
• Get your flu and pneumonia shots, as those conditions exacerbate COPD.

“I also highly recommend joining a pulmonary rehab program,” Dr. Remolina says. The program at RWJUH Rahway involves a series of twice-weekly classes. Research shows that such classes improve strength and stamina, slow down symptoms, reduce anxiety, reduce hospital stays and help with a better quality of life.

RWJUH Rahway can provide low-dose CT scans to help detect lung problems. (See sidebar, below.) Lung screenings can detect problems early, when they can be treated more effectively.

WHAT TO DO IF YOU’RE SHORT OF BREATH
If you get short of breath during an activity, practice “stop, reset, continue,” according to the COPD Foundation. Stop the activity, then sit down and relax while doing “pursed breathing.” (Breathe in through the nose with the mouth closed. Hold, and then breathe out slowly through the mouth.) Once you feel better, continue your activity at a slower pace.

SHOULD YOU GET YOUR LUNGS CHECKED?
People who have been diagnosed with COPD should have a low-dose CT scan to check for lesions on the lungs if they meet the following criteria, advises pulmonologist Carlos Remolina, MD:
• You have smoked for 30 or more pack years. (A pack year is defined as 20 cigarettes smoked every day for one year. Find an online smoking pack year calendar at www.smokingpackyears.com.)
• You have stopped smoking within the last 15 years, or still smoke.
• You are between the ages of 55 and 75.

“The earlier the lesions are picked up, the better the patient’s chance of long-term survival,” says Dr. Remolina.

RWJUH RAHWAY CAN HELP: To learn more about the Pulmonary Rehabilitation Program at RWJUH Rahway, call 732.499.6208. For help in quitting smoking, at no charge, call Community Education at 732.499.6193 and leave your name and number. A quit-smoking specialist will call you back.
WHEN DO I NEED A NEW KNEE?

WHETHER IT’S IN THE KNEE OR HIP, SEVERE JOINT PAIN MAY MEAN YOU HAVE A DECISION TO MAKE.

You’ve had the X-rays and your doctor says that your knee or hip is in bad shape. Maybe you’ve even heard the phrase “bone on bone,” meaning that cartilage deterioration has allowed bones to rub against each other. The doctor says you’re a candidate for joint replacement surgery. But is surgery the best answer for you?

“Ultimately, joint replacement surgery is a highly personal decision,” says David Rojer, MD, orthopedic surgeon at Robert Wood Johnson University Hospital Rahway (RWJUH Rahway). “Orthopedic surgeons can help to make the correct diagnosis, but in the end the patient needs to decide what is the best solution for them personally.”

A RISING TREND

Joint replacement surgery removes a damaged or diseased joint and replaces it with a combination of plastic, metal and/or ceramic parts that replicate the movements of a healthy joint. Sometimes the whole joint is replaced, and sometimes only the damaged parts are replaced.

More than 1 million total joint arthroplasties (reconstructions
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DO I NEED ‘WHEN DO I NEED A NEW KNEE?’

12/19/18 10:51 AM

DAVID ROJER, MD

“mindful” of the arthritic joint, patients relieve discomfort and restore mobility. As braces, canes and walkers, can also help therapy and assistive walking devices, such as medicines (now available both by mouth and in a topical cream form). Physical supplements and anti-inflammatory cortisone and “gel shot” injections, joint including weight loss recommendations, offered non-surgical interventions the prospect of undergoing major surgery.

In these instances, patients are offered non-surgical interventions including weight loss recommendations, cortisone and “gel shot” injections, joint supplements and anti-inflammatory medicines (now available both by mouth and in a topical cream form). Physical therapy and assistive walking devices, such as braces, canes and walkers, can also help relieve discomfort and restore mobility. Finally, by modifying activity and being “mindful” of the arthritic joint, patients can learn to live with their symptoms.

Some recent news reports have talked about the use of platelet-rich plasma (PRP) or stem cells to regenerate cartilage or restore arthritic joints. Dr. Rojer advises against these approaches. “Both are highly experimental. There’s no good data proving that they work on arthritic joints,” he says. In addition, at this time, insurance will not approve them, so they are considered strictly out-of-pocket expenses.

**SIGNS THAT IT’S TIME**

The most important factor in choosing to have hip or knee replacement surgery is how the joint is affecting quality of life—physically and emotionally. “If you can’t live with your arthritic joint, realize that it’s not going to get better, and the pain is interfering with quality of life, it may be time for surgery,” says Dr. Rojer.

Dr. Rojer says patients considering surgery may also have mobility and functional concerns. “They have trouble climbing steps, getting in and out of cars and putting on shoes and socks. Knee patients complain about instability; they can’t trust that the bad knee won’t give away,” he says. Hip pain can affect sexual activity. It can also throw off proper body mechanics. Many people have to give up favorite hobbies that require healthy knees and hips.

It is important, however, to have realistic expectations for a joint replacement, Dr. Rojer cautions. An artificial hip or knee will not allow for all activities, especially for movements that involve heavy lifting, running, jumping and/or kneeling.

Patients must determine how much of their expenses will be covered by their insurance plan, and how much time off their employer will approve. Home assistance, provided by either an agency or a loved one, may be needed for the first few weeks after surgery.

Ultimately, only the patient can make the final decision as to whether to undergo this type of major elective surgery. “It’s my job to help guide patients to the best decision for their specific situation, by laying out the medical facts and by sharing my experience of having performed thousands of these procedures,” Dr. Rojer says. “That way, they can make the best-informed decision.”

**5 HABITS FOR HAPPIER JOINTS**

Doctors and physical therapists can help prevent and diminish joint pain, but so can these DIY ways to keep your joints healthy:

1. **Maintain a healthy weight.** Losing 10 pounds takes 40 pounds of pressure off the knees.

2. **Eat a Mediterranean-style diet.** A diet low in processed foods and saturated fats and rich in vegetables, fruits, nuts and beans has anti-inflammatory powers.

3. **Choose low-impact workouts.** Gentle-on-the-joints workouts include swimming, biking, elliptical, rowing and yoga. Having a strong core can ease joint pain.

4. **Stop smoking.** Smoking affects bones, joints and connective tissue, increasing injury and disease risk.

5. **Stand up straight.** Align your spine by practicing good posture.

**WITH YOU EVERY STEP OF THE WAY**

The RWJUH Rahway Joint Replacement Center has a multidisciplinary team that works with patients before, during and after surgery, and also works closely with them even if they decide not to have the surgery. “We have a fantastic group of people, from office coordinators to physicians, nurses, therapists and operating room technicians,” says David Rojer, MD, orthopedic surgeon at RWJUH Rahway. “We all have the same goal: to help patients get the best results possible.”

To learn more about the RWJUH Rahway Joint Replacement Program, call 732.499.6346 or visit rwjbh.org/ortho.
WHAT DOES DIABETES DO TO THE HEART?

HIGH BLOOD SUGAR INCREASES CARDIOVASCULAR RISKS—BUT THERE ARE STEPS YOU CAN TAKE TO REDUCE THEM.

Most people know that diabetes is due to high blood sugar and can cause serious complications like blindness, kidney damage and nerve problems in the body’s extremities. What many don’t know is that diabetes is also closely related to heart disease. What’s the connection? Fredric Wondisford, MD, Chair of the Department of Medicine at Rutgers Robert Wood Johnson Medical School, explains.

What does high blood sugar have to do with cardiovascular disease?

A. High blood glucose and obesity are both associated with diabetes and with high blood pressure, and those problems in particular work together to worsen cardiovascular risks. Both high blood sugar and high blood pressure can damage blood vessels. This contributes to atherosclerosis, in which cholesterol and other blood fats, in concert with inflammation, create buildups called plaques. Plaques can rupture and send material into the circulation that may cause a clot and cut off blood supply, triggering a heart attack or stroke.

What impact does this connection have on a person’s health?

A. You can see for yourself by doing a web search for “American College of Cardiology risk calculator.” You’ll find an online tool where you punch in several factors like age, blood pressure and whether you have diabetes, and the calculator will give you a risk estimate. A person’s chances of having a heart attack or stroke in the next 10 years will be two to four times higher if he or she has diabetes. Controlling blood sugar won’t bring your risks to zero, but it clearly will reduce them.

How can you protect your cardiovascular system if you have diabetes?

A. If you’re overweight, losing just five to 10 pounds can markedly improve blood sugar control. Walking three days a week for 30 minutes also helps because contracting muscles take up glucose and clear it from the blood, in addition to assisting weight loss. Avoid refined sugars and don’t smoke, which worsens diabetes’ effects on the cardiovascular system. And, of course, you need to take insulin and medication as prescribed by your physician and regularly check your blood sugar. If those steps don’t control blood sugar adequately, weight loss surgery may be an appropriate option for some.

What’s the single most important step to protect against both diabetes and cardiovascular disease?

A. It starts with having good medical care. Without that, you won’t even know you have diabetes because it’s symptomless at the earliest stage—called prediabetes—when it’s still possible to reverse the condition. A standard blood panel could provide a wake-up call that reduces your risks and may even save your life.
A diagnosis of Parkinson’s disease (PD) can be daunting. The disease—a nervous system disorder that affects muscle function and movement—is progressive, meaning it starts with minor symptoms and gradually becomes worse.

Today, however, patients with PD can find hope in a proactive approach to physical and speech therapy. Those who exercise regularly tend to have better function and fewer limitations, says Nora Grillo, Physical Therapy Manager at the Robert Wood Johnson (RWJ) Fitness & Wellness Center at Carteret.

“Newer studies show that if you maintain a level of exercise that includes vigorous activity and high-amplitude movement. "This entails using exaggerated, bigger-volume movements that make use of momentum and help the body work more efficiently," Grillo explains. To facilitate this approach, RWJ Fitness & Wellness and Robert Wood Johnson University Hospital Rahway (RWJUH Rahway) therapists were recently certified in a national program from Parkinson Wellness Recovery called PWR!4Life. The program integrates the latest research on PD and the types of wellness and exercise programming necessary to counteract inactivity, motor deterioration and other symptoms. Sessions are held between two and five times a week, and a prescription from a referring physician is required.

“Symptoms vary, but generally include fatigue, stiffness, loss of mobility and loss of function,” says Jennifer K. Soares, Physical Therapy Manager at the RWJ Fitness & Wellness Center at Scotch Plains. Physical symptoms also can lead to depression, anxiety, fear of falling and concern about stigma. “People may not leave the house because they worry that others will notice the physical signs that they are experiencing,” says Claudine Gimblette, physical therapist at the Scotch Plains center. “It can really begin to limit a person’s entire life.”

BIG MOVEMENTS
Therapy for PD at RWJ Fitness & Wellness Centers and RWJUH Rahway often involves vigorous activity and high-amplitude movement. "This entails using exaggerated, bigger-volume movements that make use of momentum and help the body work more efficiently," Soares says. Similar approaches come into play with speech therapy, which uses volume to put power behind voices that can become fainter as PD progresses. Therapy movements are geared to everyday activities, so that patients can train the brain to better activate muscles needed for routine tasks. "The program encompasses posture, balance, cardiovascular endurance—whatever is needed to improve function and enhance the ability to do everyday tasks with greater efficiency, less pain and less risk of falling," Grillo says.

Evaluations help therapists determine each patient’s unique capabilities and needs. "Specific exercises vary with each person," Gimblette says. "We design a program just for them."

Once through the program, participants are expected to continue exercising on their own or through community resources. Says Soares, "Lifelong exercise and healthy habits are what slow progression of the disease."

RWJUH RAHWAY CAN HELP: PWR!4Life requires a prescription. It is offered in three locations: Rahway, Scotch Plains and Carteret. To make an appointment at RWJUH Rahway call 732.499.6012. For RWJ Fitness at Carteret, call 732.969.8030. For RWJ Fitness at Scotch Plains, call 908.389.5400. The RWJ Fitness Centers also have post-therapy Parkinson’s exercise programs. For information, call 908.838.9771. Visit www.rwjbh.org/parkinsons.
Community Calendar

I ♥ Food
Tues., Feb. 12, 6 p.m.
Talk about food that’s good for your heart. Featuring Christina Frescki, RD, MBA, FAND

Cooking Demonstration
One-Pot Meals: Delicious, Heartly and Easy
Tues., Feb. 12 at 7 p.m.
Featuring Diane Weeks, RD, CDE

Cooking Demonstration
Cooking for Your Heart
Tues., Feb. 19, 7 p.m.
Heart-healthy meals. Featuring Diane Weeks, RD, CDE

Strategies for Stress-Free Living
Wed., Feb. 20, 11:30 a.m.
Guided imagery, meditation, Reiki demonstration with Nadine Roberts, Certified Integrative Mind/Body Healing Arts Practitioner/Reiki Master. To register, call 732.499.6193

Supplements that Extend Life: The Latest Findings
Thurs., March 14, 6 p.m.
Bernardo Toro-Echague, MD, Internal Medicine

Cooking Demonstration
Foods of the Middle East: Rich in Healthy Spices
Tues., March 19, 7 p.m.
Featuring Diane Weeks, RD, CDE

The location for these events, unless otherwise noted, is the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Register for our programs by calling 732.499.6193. Unless otherwise noted, programs are free and open to non-members. Because programs are subject to cancellation, call ahead to make sure your program is taking place.

Circle of Friends
Tues., Feb. 26, 7:30 p.m.
Annual meeting in which caregivers and loved ones with a mental health diagnosis meet in their own separate support groups, facilitated by a trained NAMI Member

Meeting
Tues., March 26, 7:30 p.m.
Carol Pedro, Director of Youth and Family Counseling, Westfield

Good Nutrition Feeds Body and Soul
Tues., March 12, 11:30 a.m.
Happy Nutrition Month! Talk featuring Christina Frescki, RD, MBA, FAND

PWR4Life: Innovative Program for People with Parkinson’s Disease
Wed., March 13, 11:30 a.m.
Discussion and demonstration of a program that improves movement, function, featuring Jennifer K. Soares, PT, DPT, CHT

Body Contouring After Weight Loss
Mon., March 18, 6 p.m.
Richard Tepper, MD, Plastic Surgery

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Support Groups

Unless otherwise noted, support groups are held at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Rd., Scotch Plains.

**Adult Bereavement**
First Wednesday of each month, 1:30 p.m.

**Bariatric Support**
Fourth Thursday of each month, 5:30 p.m.

**Breast Cancer Support—two groups**
First Tuesday of each month, 7 p.m. (open to new members).
First Wednesday of each month, 5:30 p.m. (closed to new members).

**Caregiver Support**
First Wednesday of each month, 7 p.m. (closed to new members). Call 732.499.6193.

**Fibromyalgia Support—two groups**
First Thursday of each month, 5:30 p.m. and 7 p.m.

**Overeaters Anonymous**
Fridays, 7 p.m., Conf. Room A. 12-Step program. To register, call 908.358.5154 or email genak2@verizon.net.

**Spousal Bereavement Support**
March 20 to May 8 in the conference room. Group runs from 10:30 to noon. To register, call 732.247.7490.

**Stop-Smoking Support**
Free program. Call 732.499.6193 to get started.

THESE GROUPS MEET AT RWJUH RAHWAY, 865 STONE STREET, RAHWAY

**All Recovery Support Group for Alcohol and Drugs**
Every Thursday, 6 p.m., Conf. Room #1.

**Diabetes Support**
First Tuesday of each month, 7 to 8:30 p.m.

**Parkinson’s Support**
Second Wednesday of each month, 1 p.m.

**Self-Help Enhancement, Stress Program**
Every Tuesday, 5:30 to 7 p.m. For information, call 908.276.2469.
First Health at Clark
Urgent and Primary Care

Some things shouldn’t or can’t wait for an appointment. First Health, a new Barnabas Health Medical Group healthcare provider affiliated with Robert Wood Johnson University Hospital Rahway, combines the convenience of extended weekday hours, as well as weekend and holiday hours, with the confidence of seeing a trusted provider.

Our facility offers quick and high-quality care for the entire family. Our highly-trained medical professionals treat your non-emergency medical needs in a comfortable, safe and caring environment.

As a Barnabas Health Medical Group provider, First Health is now Horizon Blue Cross Blue Shield OMNIA™ Health Plan Tier 1-designated and accepts most major insurances.

We treat your non-emergency medical needs including:

▶ Common, acute illnesses such as colds, flu, infections and minor injuries (X-ray available)
▶ Chronic conditions and breathing disorders
▶ Skin, hair and nail conditions
▶ Immunizations, vaccinations and physicals
▶ Preventive care testing and evaluations

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Saturday 7 am to 3 pm
Sunday & Holidays
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