

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL
NEW BRUNSWICK**

WINTER 2019

1 healthy *together*

**PROGRESS
FOR PARKINSON'S**

EMERGENCY CARE FOR KIDS

LIVING ORGAN DONORS

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



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.

RWJUH New Brunswick's Community Health Promotions Program (CHPP) offers initiatives specifically designed to meet the needs of populations adversely affected by certain health conditions. Currently, there are education and wellness programs identifying Latinos who are at risk for or have been diagnosed with diabetes, and African-Americans who are impacted by cardiovascular disease and stroke. In addition, RWJUH New Brunswick's CHPP has taken a leadership role in domestic violence prevention and education, and the hospital's Injury Prevention program seeks to keep children safe from harm through innovative initiatives like the Safety Ambassadors Program. RWJUH New Brunswick also has partnered with Healthier Middlesex, Live Well New Brunswick, St. Peter's University Hospital and other community-based organizations in the New Brunswick Healthy Housing Collaborative to conduct in-home assessments, educate families and remediate homes with unsafe and unhealthy living conditions.

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




JOHN J. GANTNER
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
NEW BRUNSWICK



HEALTH NEWS

Joint Commission Recognizes RWJUH Surgical Programs



Robert Wood Johnson University Hospital New Brunswick has earned the Joint Commission's Gold Seal of Approval® for Bariatric Surgery and Hip and Knee Joint Replacement Programs. The certification award recognizes RWJUH New Brunswick's dedication to continuous compliance with the Joint Commission's state-of-the-art standards.

RWJUH Cancer Program Earns Prestigious Accreditation



The Commission on Cancer (CoC), a quality program of the American College of Surgeons, has granted Three-Year Accreditation with Commendation to The Cancer Program at RWJUH New Brunswick, an RWJBarnabas Health facility, in partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center. To earn voluntary CoC accreditation, a cancer program must meet or exceed the CoC quality care standards.

Celebrity Chef Carla Hall Headlines RWJUH Event on February 12

Join us for "Heart Healthy and Delicious!" RWJUH New Brunswick's annual Matters of the Heart event on Tuesday, February 12, at the Imperia in Somerset. This year's event features a presentation by celebrity chef and former "Chew" co-host Carla Hall (author of "Soul Food: Everyday and Celebration") and RWJUH heart experts. To register, call 888.MD.RWJUH.

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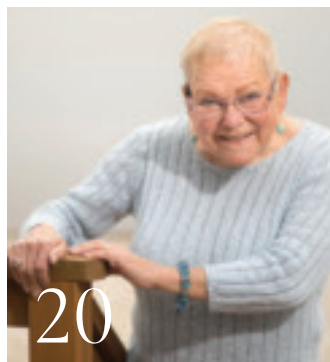
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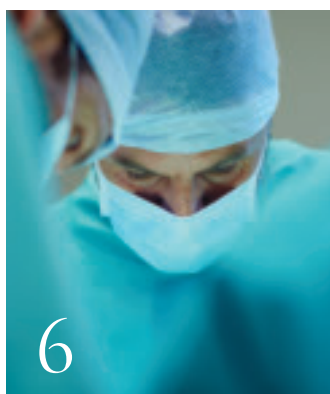
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PEDIATRIC NEUROSURGERY: HELP WHEN YOU NEED IT MOST

A 10-YEAR-OLD GIRL COLLIDES WITH A BIKE, LEADING TO EMERGENCY BRAIN SURGERY—AND HER FAMILY’S RENEWED APPRECIATION OF LIFE’S MOST IMPORTANT PLEASURES.

Families in one Belle Mead, New Jersey, neighborhood look forward to their end-of-the-summer block party. Streets are closed to traffic for the festivities and children roam the quiet roads without fear of cars. For 10-year-old Elli Pizzulli and her friends, spirits were high this past September as they enjoyed the unaccustomed freedom.

Lynne Pizzulli, Elli’s mother, recalls the moment that shattered the otherwise perfect Saturday. “Elli was running down the

street with a friend. Two other girls were on bikes behind them.” One of the bike riders drew close and shouted, “Watch out!” Elli instinctively moved to the right as did her bike-riding friend. The two collided and Elli fell to the pavement, striking her head.

Still at home preparing party food, Lynne received a call about the accident. She grabbed an ice pack and hurried to Elli’s side. “She had a good-sized bump on her head,” recalls Lynne, who convinced her daughter to leave



Far left: Elli Pizzulli and her family are enjoying life's simpler pleasures, like a game of tennis, after Elli's close call.
Left: Elli is all smiles at a recent follow-up visit with Dr. Narayan.

the party. As Elli lay on the couch at home, she complained of a tingling sensation in her face. She started to vomit.

Lynne bundled Elli into the car and headed to nearby Princeton Medical Center with her husband, Tony, and 6-year-old daughter, Sami. The Pizzullis assumed Elli had suffered a concussion and were shocked when the emergency department doctor said her CT scan showed a six-centimeter epidural hematoma, a mass of blood between the skull and the brain.

PEDIATRIC TRAUMA CARE

"We were told Elli needed a level 1 trauma center and would be airlifted to the children's hospital in Philadelphia affiliated with Princeton," says Lynne. "I didn't know a lot about the Philly hospital, but I did know about Robert Wood Johnson's pediatric hospital in New Brunswick."

She reached out to Jeremy Grayson, MD, a friend and anesthesiologist at The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital who contacted his colleague, Prithvi Narayan, MD, the pediatric neurosurgeon with The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital and Rutgers Robert Wood Johnson Medical School. "It was like something out of the movies," recalls Lynne of the controlled chaos that erupted when the transport team from BMSCH arrived to transfer Elli. Comforted by a hug from the lead physician, Lynne climbed

into the front seat of the ambulance as Elli was intubated and put to sleep.

"When Elli arrived, we reviewed the CT scan, which showed a skull fracture and the large blood clot on the right side, exerting pressure on her brain," explains Dr. Narayan, who met the ambulance at BMSCH's Pediatric Trauma Center with Dr. Grayson. "Emergency surgery was necessary to evacuate the blood clot and preserve neurological function."

BMSCH is New Jersey's first pediatric trauma center certified by the American College of Surgeons. "At a pediatric trauma center, the team is specially trained and experienced in taking care of children with multiple injuries to different organ systems. Everything is expedited and efficient, specifically tailored to the needs of children, which leads to excellent care and outcomes," says Dr. Narayan.

EMERGENCY BRAIN SURGERY

He and the trauma team assembled quickly in the operating room for Elli's emergency surgery. The team included pediatric trauma surgeon Shaheen Timmapuri, MD, and Dr. Grayson, along with emergency medicine doctors and nurses. In just over an hour, the blood clot was removed.

"Elli was silly post-surgery," recalls Lynne, who felt reassured when Elli cracked jokes

about her neck brace. Of the trauma and pediatric intensive care unit staff, Lynne says, "Everyone was helpful and supportive."

As Elli recovered, she visited the Family Resource Center, where she and her sister, Sami, had manicures. "It raised her spirits," says Lynne. An avid reader, Elli was excited to discover a sequel to her favorite book, *Good Night Stories for Rebel Girls*, there. "She was so pleased she could take it home."

RIGHT TIME, RIGHT PLACE

One week after discharge, Elli returned to fifth grade, gradually transitioning to a full-day schedule. She's restricted from her favorite contact sports, basketball and lacrosse, but got clearance from Dr. Narayan to play tennis. "She's an amazing kid who is strong and very brave," says Dr. Narayan. He sums up the chain of events leading to Elli's successful surgery: "It was important that Elli was transported to a pediatric trauma center in a timely manner."

The Pizzulli family agrees. "As traumatic as this experience has been, it forced us to appreciate life and slow down," says Lynne. "We're not in a million places. We spend time at home playing lots of backgammon and Yahtzee! We're grateful to be together."

For more information on the Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, visit [BMSCH.org](https://www.bmsch.org).



THE GIFT OF LIFE

RWJUH NEW BRUNSWICK'S KIDNEY TRANSPLANT PROGRAM OFFERS A SOPHISTICATED LEVEL OF CARE AVAILABLE AT ONLY A FEW CENTERS IN THE WORLD.

The idea of donating a living organ can be an unnerving prospect. If our bodies come equipped with two organs, surely, we must need them both for optimal health. However, kidneys are one of the few paired organs where one is a “spare” that we can live without. A person who donates a kidney can still enjoy a normal life expectancy with few or no transplant-related health problems, according to the National Kidney Foundation.

Kidney transplants are the most common transplant surgeries performed in the U.S., and, along with pancreas transplants, are the specialty of Ronald Pelletier, MD, Surgical Director, Kidney and Pancreas Transplantation, RWJUH and Rutgers Robert Wood Johnson Medical School. A national leader in transplant surgery care, the team at RWJ offers techniques available at only a few of the world's leading transplant centers.

Dr. Pelletier, as part of a team of physicians, faculty and staff at RWJUH and Rutgers Robert Wood Johnson

Medical School, guides patients through each step of the transplant experience. This program is personalized to meet the individual needs of each patient and includes

access to the most timely clinical trials and research.

FIRST STEPS

After the patient is provided a thorough evaluation, the transplant team considers the relevant criteria to determine whether kidney transplantation is a viable option. If so, the patient is placed on a national waiting list. Organs are matched based on blood type, medical suitability, tissue type and the length of time on the list. At the same time, patients are encouraged to solicit family and friends who might be living donors.

If a donor is found but isn't compatible, due to blood type or cross-match issues, RWJUH, along with other New Jersey transplant centers and the New Jersey Organ and Tissue Sharing Network, offer a statewide living donor kidney exchange program. This paired exchange program allows the donor to give a kidney to a compatible recipient and another living donor to give one to the patient.

While transplants from both deceased and living donors are performed at RWJUH New Brunswick, the backbone of its program is the live-donor transplant. Live-donor organs typically last longer and provide better function than deceased-donor organs. And there's another powerful benefit of utilizing an organ from a live donor: The waiting time is far less than for one from a deceased donor, which is around five-and-a-half years. That's a long period for a patient to remain on dialysis, which most patients require in order to survive.

PLAYING MATCHMAKER

As Dr. Pelletier notes, finding a donor match for the patient is often a time-consuming and daunting task. Luckily, that is changing. “There have been an increased number of educational efforts to get the word out and explain the options for live donations,” he says. “And the methods that patients use now to express their need are only limited by their creativity. I've transplanted patients who used the back of their minivans as mobile advertising platforms, with signs that read ‘I NEED A KIDNEY.’ Many appeals are now web-based. I've performed several live donor transplants that have resulted from contacts through social media,” says Dr. Pelletier.

The transplant team at RWJUH not only guides patients through the process of deciding on a treatment option, but of finding donors, as well. A recent initiative assists patients who find themselves challenged by the prospect of locating a donor by selecting a “champion.” This person acts on the recipient's behalf, publicizing the message that the patient needs a kidney.

For more information on the RWJ Transplant Center, located at 10 Plum Street in New Brunswick, call **732.253.3699**.

RWJUH also participates in clinical drug trials that investigate the most current anti-rejection medications available. As a young medical student, Dr. Pelletier was particularly interested in this area of transplantation. “When a person is receiving non-self tissue, the body's natural response is to reject it. To prevent this, we have to adroitly manipulate the immune system so that the organ won't seem foreign.”

OVERCOMING THE ODDS

This challenge was a key part of one of Dr. Pelletier's most memorable cases. “One of my favorite patients came to me when he was in his early 60s. He desperately needed a kidney, but he had been what we call very sensitized. This means that because he'd been previously exposed to tissues from others, he'd developed antibodies that attacked and rejected almost any foreign tissue. He also was prone to blood clots. Given these two strikes against him, he'd been told by every doctor he'd visited that he could never receive a kidney transplant.

“When he came to see us, he was at the end of the road—facing continual dialysis and an uncertain future,” explains Dr. Pelletier. “We were able to offer him a procedure of desensitization—a modality of treatment that removed antibodies. This procedure worked well with him, and subsequently, I was able to successfully transplant him with a living donor kidney. He was overjoyed by this gift of new life. I kept in touch with him over the years to check on his well-being and his kidney function, and whenever I saw him I felt a great sense of fulfillment.”



RONALD PELLETIER, MD



Local high school students teach younger children valuable safety lessons that will last a lifetime.

KEEPING KIDS SAFE

LOCAL HIGH SCHOOL STUDENTS HELP TEACH YOUNGSTERS HOW TO BE SAFE AND AVOID INJURIES.

The sooner children learn about safety, the better. And thanks to the Safety Ambassador program at Robert Wood Johnson University Hospital New Brunswick, more than 4,000 first- and second-graders throughout Middlesex, Monmouth and Somerset counties will learn important lessons from “Safety Ambassadors”—270 specially trained students from 28 area high schools.

Now in its eleventh year, the program uses high school students to teach first- and second-graders how to stay safe while walking at home, at play and at school. Participating high schools recruit juniors and seniors to create safety presentations and then share them with students at

elementary schools in their towns.

This year’s program kicked off in October when the students, along with advisors from their high schools, convened at The Imperia Banquet Center in Somerset for the annual “Safety Summit.” Each year at the Summit, teens hear presentations in four key areas: safety in and around cars; pedestrian safety; wheeled sports and helmet safety; and fall prevention. “Those are the main reasons we see most children and adolescents in our emergency department,” says Diana Starace, the hospital’s Injury Prevention Coordinator.

The Ambassadors also learn how to engage younger children, such as with puppet shows and games, and how to discuss safety in language a child can understand. Each school receives a “prop kit,” complete with puppets, helmets, seat belts, stickers, reflective tags and other presentation materials. The students also receive handouts to give to parents so that they can reinforce the safety lessons with their children.

After the Summit and throughout the fall, the Ambassadors, with guidance from their advisors, develop lesson plans for 25-minute presentations on one of the topics. After the holiday recess, program volunteers will review the presentations to ensure they’re on target and child-friendly.

Then, from February to May, Ambassadors work in pairs to deliver monthly presentations on each of the four topics to participating elementary schools.

As part of the program, the elementary school teachers survey the children about their safety knowledge and habits prior to the first presentation and at the end of the program to measure knowledge gain and change in safety practices. Based on results from previous years, Starace is convinced that children are getting the message.

“The data shows us that not only are we increasing the children’s understanding,” says Starace, “but we’re also changing their safety behaviors.”

For more information about the Safety Ambassadors Program, call 732.418.8026.

THE DOCTOR IS IN ONLINE

WITH RWJBARNABAS
HEALTH TELEMED,
A DOCTOR CAN BE
AVAILABLE 24/7.

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."

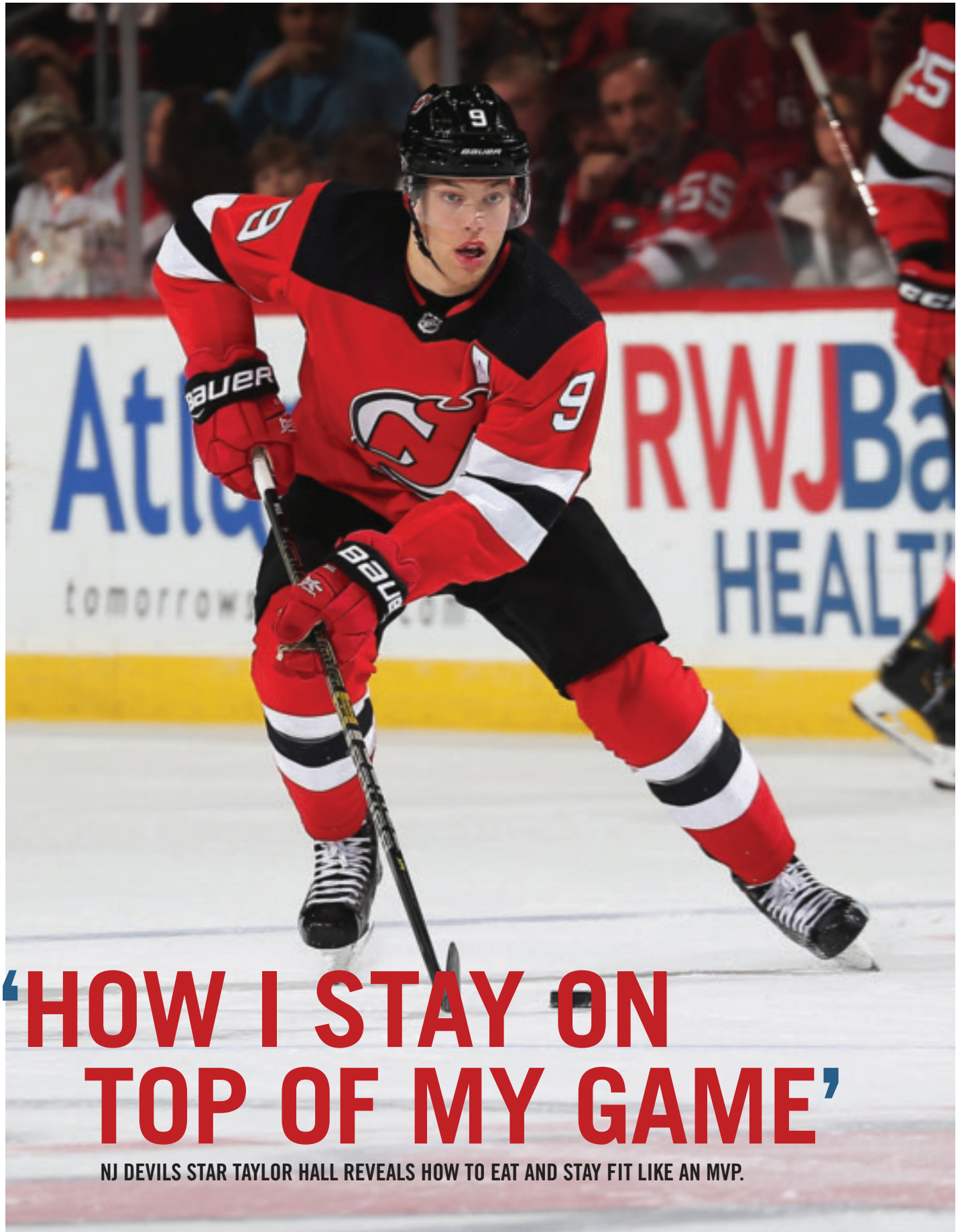
Ultimately, the goal for RWJBarnabas Health TeleMed is for physicians to be able to access, with patient permission, a patient's entire medical record in order to help make better diagnoses.

"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."



AMY MANSUE

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.

PHOTO CREDIT © JERSEY DEVILS/ANDY MARLIN

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.

HELPING KIDS GET HEALTHIER, TOGETHER

RWJBarnabas Health (RWJBH) and the New Jersey Devils have built a robust partnership focused on promoting health and good, clean hockey fun.

RWJBH is the official healthcare provider for the Devils and their home base, the Prudential Center, where healthy snacks are available at all events. With the help of its specialty physicians and experts in nutrition and wellness, RWJBH collaborates with the Devils to benefit pro players, young athletes and children in need. Some examples:

- A rink affiliate program brings youth hockey clinics and wellness and nutrition education to players and coaches at ice hockey rinks statewide.
- The two organizations partner each year on the Running With the Devils 5K Run and Walk, with proceeds benefiting RWJBH hospitals.
- Devils players visit RWJBH hospitals to participate in special events for children. "That's a huge part of being a hockey player," says Devils star Taylor Hall. "We have a platform to give back, whether with a smile or simple encouragement. And not only is it great for the patients, it's also good for us."



From top: practicing shots in the Little Devils zone; membership is free for ages 12 and under; healthy snack options for all Devils fans.

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.



GOOD FOOD FOR EVERY BODY

WELLNESS ON WHEELS MOBILE EDUCATION VAN PROVIDES A HANDS-ON APPROACH TO HEALTHY EATING.

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.



BARBARA MINTZ

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

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

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.

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.



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

GETTING OLDER, GETTING BETTER

GERIATRIC PSYCHIATRY CAN HELP ADULTS NAVIGATE ALL THE TRANSITIONS THAT COME WITH AGING.

“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



LINA SHIHABUDDIN, MD

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



IT'S POSSIBLE TO FEEL GOOD AND STAY ACTIVE, EVEN WITH A DIAGNOSIS OF 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.)



GARY ROGAL, MD

“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.

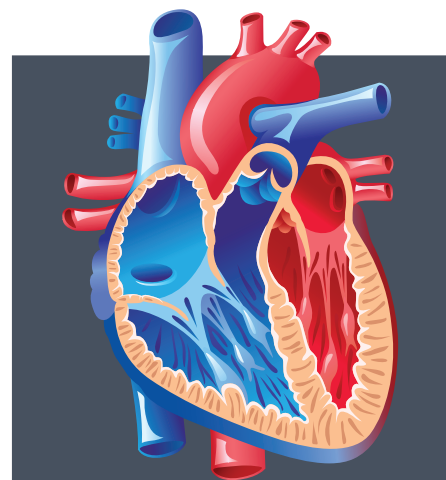
GETTING TO GOOD HABITS

Those recommendations likely come as no surprise: Take medication as directed. Exercise. Eat a healthy, low-salt diet. Stop smoking. Get enough sleep. 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



TWO SIDES OF HEART FAILURE

WITH LEFT-SIDED HEART FAILURE, the muscle in the left side of the heart weakens so that the heart can’t pump enough blood properly (systolic dysfunction), or stiffens (diastolic dysfunction) so that the pressure in the heart goes up. Either case can result in fluid in the lungs and reduced heart output, resulting in marked reduction in exercise capacity, breathing difficulty and fatigue.

IN RIGHT-SIDED, OR RIGHT VENTRICULAR (RV) HEART FAILURE, the right side of the heart loses pumping power, leading to a backup of blood in the veins that results in swelling and congestion.

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.



Harley (third from right) came back to Children's Specialized Hospital for a visit with friends and fellow alumni of the Chronic Pain Management Program.

WORKING THROUGH THE PAIN

HOW A BRAVE YOUNG WOMAN GOT HER LIFE BACK, WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL

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



KATHERINE BENTLEY, MD

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 re-train 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 therapists at Children's Specialized.

"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.

Celebrating the grand opening
of Kate's Place.



SUPPORTING THE NEXT GENERATION

**HOW ONE FAMILY'S GIFTS HELP YOUNG PEOPLE ON BOTH THE
RECEIVING AND PROVIDING SIDES OF HEALTHCARE.**

For 30 years, Dr. Thomas (Tom) and Margaret (Meg) Gorrie have been making thoughtful and generous donations to Robert Wood Johnson University Hospital (RWJUH) New Brunswick. This summer, they attended the ribbon-cutting ceremony for the newly redesigned and relocated teen lounge at The Bristol-Myers Squibb Children's Hospital at RWJUH, which they funded. The new lounge gives young people at the hospital a sleek, modern space to socialize, play games, use technology and join in activities with other teens their age.

The new Kate's Place, in honor of their daughter, Katherine, is cheerful, bright and

has wonderful views of the lobby and the street. Kate was almost 18 when she was lost in a car accident in 1997. "We were excited at the idea of doing something for the hospital that would help teenage patients," says Meg, "and the new location and furnishings make the lounge a more welcoming, supportive and accessible place for teens to gather."

In addition to the teen lounge, the Gorries have been instrumental in helping to support the next generation of healthcare professionals. In 1999, they established the Katherine Wright Gorrie Scholarships, also in honor of their late daughter, to help students in the Health Professions Scholars Program (HPSP) at New

Brunswick Health Sciences Technology High School follow their dreams of earning a college degree. HPSP introduces high school students to careers in healthcare, providing hands-on exposure at the hospital through internships and career-shadowing opportunities in a variety of healthcare roles. "We thought there was no better way to honor Kate's memory than to give other bright, young people an opportunity to fulfill their educational and professional dreams," says Tom.

Tom and Meg have also contributed to the hospital and its various fundraising campaigns over the years and plan to continue their support.

Tom has also given generously of his time. He is a former Johnson & Johnson executive and has served on several of the health system's boards, including the Robert Wood Johnson University Hospital Foundation Board. He was also Chair of the health system during that time. "The Gorries' efforts and donations have made a difference to the lives of hundreds of young people over the years," says John J. Gantner, President and CEO of RWJUH. "We're honored and grateful for their continued support."

To support the Health Professions Scholars and other programs at RWJUH New Brunswick and The Bristol-Myers Squibb Children's Hospital, visit rwjhgiving.org or call **732.937.8750**.



24/7

EMERGENCY CARE FOR KIDS

EXPERIENCED PEDIATRIC SPECIALISTS, CHILD-FOCUSED TECHNOLOGY AND A COMFORTING ENVIRONMENT HIGHLIGHT THE PEDIATRIC EMERGENCY DEPARTMENT.

When children have urgent or emergency medical needs, they require specialized skills and compassionate care. That's what they'll find in the Pediatric Emergency Department (ED) at the Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital New Brunswick—every hour of every day.

"Children are different than adults,"



RICHARD BRODSKY, MD

says pediatric emergency medicine physician Richard Brodsky, MD, Director of Pediatric Telemedicine at BMSCH and Assistant Professor of Pediatrics, Rutgers Robert Wood Johnson

Medical School. "A child who comes to the ED complaining of chest pain likely won't have the same problem facing an adult with that symptom. Our doctors, nurses and techs are specially trained in pediatric emergency care. They understand pediatric concerns and know how to help immediately."

CARE AND COMFORT

The ED was designed to be as child-friendly as possible. "Our child life specialists make scary situations less scary," says Dr. Brodsky. "They explain what's happening in words kids understand."

The child focus extends to care delivery. Staff know how to place IVs as painlessly as possible. A moderate sedation service enables painful procedures to be done right in the ED. A new ultrasound allows procedures and diagnoses to be performed at bedside.

"Our doctors are excellent at determining the severity of head injuries," says Dr. Brodsky about head trauma, a leading cause of ED visits. "They're skilled at deciding who needs a CT scan and who can be monitored at home. It's a balance as we don't want to give unnecessary radiation."

FEVER TO FRACTURE

The Pediatric ED at BMSCH sees more than 22,000 young patients each year for reasons ranging from common illnesses like respiratory infections and influenza to broken bones to poisoning to life-threatening injuries.

Knowing when a child's condition requires an ED visit as opposed to a trip to the pediatrician can be tricky. Parents are advised to trust their instincts. If a child displays any of these symptoms, a trip to the ED may be in order: abnormal behavior; shortness of breath; fever and rash; uncontrollable vomiting or diarrhea; orthopedic injury or medication overdose.

BMSCH collaborates with pediatricians in the community, providing after-hours care. When a family arrives at the ED, a triage nurse evaluates their child and determines the level of care needed. If the concern is less serious, such as a cough or minor injury, the child is brought to Express Care, where pediatric medical professionals provide efficient care seven days a week.

TOPS IN TRAUMA TREATMENT

For critically injured children, BMSCH offers New Jersey's first American College of Surgeons-designated Pediatric Trauma Center. Pediatric surgery specialists are available at a moment's notice to perform emergency surgery.

Children at neighboring hospitals who require trauma care are transferred to BMSCH in a state-of-the-art ambulance by a pediatric emergency medicine team. The ED is also equipped to receive patients by helicopter on its hospital-based helipad.

PROVIDING EXPERTISE REMOTELY

Thanks to telemedicine, pediatric patients at Robert Wood Johnson University Hospital Somerset in Somerville now receive care virtually from pediatric ED physicians at BMSCH. Through real-time video consultations, specialized ED doctors evaluate, diagnose and offer second opinions. "Telemedicine expedites the diagnosis process, helping children receive the emergency care they need when and where they need it," says Dr. Brodsky, who hopes to expand the service so children throughout the region can benefit from BMSCH's Pediatric ED expertise.



WINTER SAFETY TIPS

Winter is a busy time full of outdoor activities and holiday celebrations. Emergency medicine physician Richard Brodsky, MD, shares his tips to help families enjoy the season safely, without a trip to the ED.

What outdoor activities bring kids to the ED?

In winter, we see injuries caused by snow activities like skiing, snowboarding and sledding. Close monitoring by an adult is always recommended and, whenever a child is doing an activity at high speed, a helmet is a must.

Are there weather-related concerns?

Children need to wear appropriate winter weather gear that insulates their bodies from wet and cold. This helps them avoid frostbite and hypothermia, a dangerous condition brought on by cold exposure.

Jumping in the snow can cause an injury if there's something hidden under the snow such as a wall or shovel. Always make sure children play in safe areas.

When it's cold, families resort to creative ways to heat their homes. Curious kids can suffer burns from hot surfaces or carbon monoxide poisoning from unvented space heaters.

Do emergencies increase during the holidays?

New decorations are introduced into homes that are tempting to kids and pose potential danger. Christmas trees and menorahs are electrical risks. Garland can get wrapped around small necks, and toys with small parts can be choking hazards.

Though most winter-related ED visits can be avoided, accidents happen. In a serious situation, always go to the nearest Emergency Department or call 9-1-1.

For more information on The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, visit BMSCH.org.

QUALITY OF LIFE, RESTORED

**A TRANSFORMATIVE PROCEDURE
BRINGS SYMPTOMATIC RELIEF FOR
PARKINSON'S PATIENTS.**



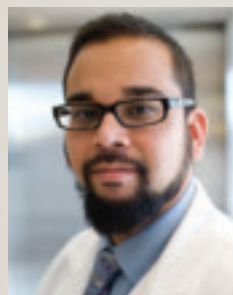
When we talk about stimulating the brain, most of us think of studying a new language or performing a difficult crossword puzzle. But in the realm of medicine, there's a procedure called Deep Brain Stimulation (DBS) that's utilized to ease the devastating symptoms of Parkinson's disease. In fact, it's the most common surgical treatment for this disorder.

For the right candidate, this treatment has been proven to be an effective long-term therapy for the most disabling symptoms of Parkinson's, including tremor, rigidity and muscle contractions. Luckily for Anne Hruza, a 76-year-old Parkinson's sufferer, the only hospital that performs this procedure in New Jersey—Robert Wood Johnson University Hospital (RWJUH) New Brunswick—is not too far from her home.

A (MULTIDISCIPLINARY) TEAM EFFORT

While DBS is brain surgery and not without risks, the advanced training and extensive experience of the DBS team at RWJUH New Brunswick greatly increases the probability of successful outcomes. Anne was treated by one of the preeminent neurosurgeons in the field, Shabbar Danish, MD, Chief of Neurosurgery, Rutgers Cancer Institute of New Jersey; Director, Stereotactic and Functional Neurosurgery and Director, RWJUH Gamma Knife Center; Associate Professor, Rutgers Robert Wood Johnson Medical School. Dr. Danish is part of the hospital's unique multidisciplinary team, which includes neurologists, neurophysiologists, psychiatrists, rehab physicians and speech therapists.

Dr. Danish is well known for the excellence and humanity of his care. He has been the recipient of two five-year anniversary awards in the Patient's Choice and the Compassionate Doctor category,



SHABBAR DANISH, MD

honoring the mastery of his care and his bedside manner. When Anne met with Dr. Danish, she had already suffered from Parkinson's for more than 15 years and felt she was

out of options. Her life had grown so diminished that she and her husband, Denis, were considering placing her in a nursing home. "I fell often. I had no balance and suffered from freezing, where my feet wouldn't move," says Anne. "It was difficult for me to write. My speech was very slurred and I cut off the ends of my words. Although I'm a chemist by trade, I also like to paint watercolors, but I could no longer handle the brushes. In general, I had little or no control of my body around 80 percent of the time."

BACK IN CONTROL

Dr. Danish performed DBS surgery on Anne on Sept 6, 2016, a date she has no difficulty remembering as it's her wedding anniversary. Electrodes were implanted into specific areas of Anne's brain. These electrodes produce electrical impulses that either regulate abnormal impulses or affect certain cells and chemicals within the brain. The amount of stimulation is controlled by a pacemaker-like device placed under the skin of her chest. A wire under the skin connects this device to the electrodes in the brain and delivers electrical signals to it. These electrical pulses help control symptoms of Parkinson's, including tremor, slowed movement and stiffness. "I was partially awake during the surgery," Anne recalls, "but I remembered nothing upon awakening. All I knew was that I felt as if Dr. Danish had given me my life back. I had been so debilitated by Parkinson's, but now I can walk, write and talk again."

Anne uses her remote device to control the voltage that stimulates her brain. "When the voltage is adjusted correctly for my body, I feel nothing. If it's too high or low, I might have minor side effects. Each month, I return and receive a tune-up. Sometimes



Anne and Denis Hruza were at a crossroads until they discovered the Deep Brain Stimulation treatment program.

the body tries to reject what the battery is telling it to do, sensing that it's a foreign object and trying to override the signal. But I had the procedure done in 2016 and it's still 90 percent effective."

Dr. Danish believes that not enough Parkinson's patients are aware of this transformative surgery. "Patients don't receive the information they need, or they get sucked into the black hole of Google," he says. He and the team at RWJUH New Brunswick are dedicated to getting the word out. Apart from patient outreach, the team also is committed to innovation. Recently, it performed the first fully robotic DBS procedure in New Jersey.

PAYING IT FORWARD

As a testament to her gratitude for her life-changing surgery, Anne decided that she wanted to make a dramatic gesture. "I changed my will to donate to Dr. Danish and his colleagues' work. I have no children, and in my will have donated to further his research into Parkinson's and support his work training new doctors." As for Dr. Danish, DBS is one of his most rewarding surgeries. "It really is a procedure that can transform a life," he says. "It can allow patients to get out of wheelchairs, stretchers or nursing home beds. As with Anne, the personal impact can be remarkable. She has even resumed painting again."

In fact, her new paintings are showcased throughout Dr. Danish's office—a reminder of the power and potential of this procedure to change lives. "You would never believe that these beautiful paintings were done by someone suffering from Parkinson's," Dr. Danish says with pride.

For more information on RWJUH New Brunswick's DBS treatment program for Parkinson's disease, call **732.235.7733**.

DON'T MISS A BEAT



WHY IT'S CRUCIAL TO TREAT ATRIAL FIBRILLATION, THE
MOST COMMON TYPE OF IRREGULAR HEARTBEAT.

That feeling when your heart flutters, misses a beat, speeds up or slows down can be alarming. Though these palpitations are often harmless, they can signal serious malfunctions in the heart's muscles and nerves.

The most common type of irregular heartbeat, or arrhythmia, is atrial fibrillation—AFib for short. At least 2.7 million Americans are living with AFib, and that number is expected to grow as the average age of the population rises. Untreated AFib significantly increases both risk of heart-related death and risk of stroke. “This is why early diagnosis and treatment is key,” says Kataneh Maleki, MD, cardiologist at Robert Wood Johnson University Hospital.

WHAT IS AFIB?

When the heart beats, it squeezes and that pushes blood through each of the heart's four chambers. With AFib, the top two chambers of the heart quiver instead of beating regularly. This means the heart can't pump well so some blood is left sitting. And when blood is stationary, clots form. Blood flowing through the heart can sweep clots out into the circulatory system, where they can cause blockages that lead to complications such as stroke.



KATANEH MALEKI, MD

ANALYZING SYMPTOMS

The first step in assessing an arrhythmia is a thorough patient history. Doctors look

for clues: When do symptoms occur? Are they associated with specific activities? Do lifestyle factors contribute? Will weight loss help? For instance, sleep apnea, associated with obesity, can cause arrhythmia, including AFib. Stress and medications also can play roles.

Several tests are used to diagnose AFib. An electrocardiogram (ECG) records electrical signals as they move through the heart and can show irregularities. To further evaluate how the heart is working, patients may be asked to wear a portable ECG device called a Holter monitor for 24 hours or longer. An event recorder is a portable device that monitors heart activity over longer periods—a few weeks to a few months. Patients activate the device when they experience symptoms and doctors are able to review the heart's rhythm at the time symptoms occurred.

RESETTING RHYTHM

Treatment for AFib aims to regulate the heartbeat and prevent clots from forming. If the AFib is caused by an underlying condition, that will be treated first. The heart's regular rhythm (called sinus rhythm) can be reestablished using medication, an electrical shock (cardioversion) or a combination of the two. Before cardioversion is performed, a blood-thinning medication is recommended for several weeks to reduce the risk of blood clots and stroke.

If those treatments don't work, a procedure can be performed to ablate, or destroy, the tissues that trigger or maintain the disruptive rhythms. This stops the arrhythmia at its source. “The success rate of atrial fibrillation ablation

WHEN TO SEE YOUR DOCTOR

The symptoms below have many possible causes—atrial fibrillation (AFib) is just one of them. Consult your physician if you experience:

- Fluttering or thumping in the chest
- Heart palpitations—periods of especially rapid, intense heartbeat
- Confusion
- Dizziness, lightheadedness
- Fainting
- Fatigue
- Weakness
- Loss of ability to exercise
- Shortness of breath

depends on risk factors such as diabetes, high blood pressure and weight,” explains Dr. Maleki. “A better success rate is anticipated with fewer or well-controlled risk factors.”

Blood thinners are prescribed to help prevent blood clots. Because AFib can occur without symptoms, many patients continue these medications even after normal heart rhythm is reestablished.

With active monitoring, patients who have AFib can reduce their risk of complications. It's important to keep follow-up appointments with a primary care provider, who will watch for and help manage additional stroke risk factors, including high blood pressure, diabetes, high cholesterol, smoking and obesity.

WHO IS AT RISK?

If you have one or more of the following conditions, you may be at higher risk for atrial fibrillation, or AFib:

- Alcohol use (especially binge drinking)
- Coronary artery disease
- Heart failure or an enlarged heart
- Family history of AFib
- Overactive thyroid gland (hyperthyroidism)
- High blood pressure
- Valvular heart disease
- Lung disease
- Sleep apnea
- Advanced age
- High-performance or endurance athlete

GET CHECKED!

Your heart doesn't beat just for you. Get it checked. To learn more about the full range of cardiac services at Robert Wood Johnson University Hospital or to schedule an appointment with one of New Jersey's top cardiac specialists, visit rwjbh.org/heart.

Proton therapy. The next generation of cancer treatment.

Available at Robert Wood Johnson University Hospital's Laurie Proton Therapy Center, proton therapy is pinpoint accurate, allowing physicians to isolate problems in children and adults for fewer side effects and better results. That's why RWJBarnabas Health has partnered with national experts from the Rutgers Cancer Institute of New Jersey to create the only center in New York or New Jersey that's part of an entire campus devoted to bridging the gap between cancer and a cure. Learn more at rwjbh.org/proton

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