

Stronger Together

he past year has been one of unprecedented challenges for our communities and for our healthcare system. The onset and spread of COVID-19 tested our hearts and minds as never before, all against a backdrop of national social, political and economic turmoil.

Each day, we've learned more about this new virus and how to treat it. We've also learned that the pandemic's impact is falling drastically harder on communities already struggling against economic and social disadvantages.

Throughout this crisis, our medical professionals and staff have been compassionate and expert while caring for patients inside our walls, and innovative in creating ways to provide virtual care. They've risen magnificently to the challenge of keeping our facilities safe and sanitized. And many throughout our system have been working hard in a wide range of programs to help our communities stay healthier and to eliminate healthcare disparities.

Jersey City Medical Center (JCMC) moved its support groups and health education offerings online to promote the health and wellness of community members while keeping them safe. In place of in-person outreach and gatherings, JCMC continued to provide holiday cheer and presented 350 community program participants with Butterball gift cards. In partnership with corporate sponsors, we hosted virtual toy drives for our young patients in Child and Adolescent Behavioral Health, Pediatric Rehabilitation Services and Special Child Health Services.

At RWJBarnabas Health, we've learned something else this year: how strong and encouraging the communities we serve are. We can never thank you enough for your ongoing generosity.

While we continue to battle the COVID-19 pandemic together, we want you to be as healthy and strong as you can, and we pledge to do everything possible to help you achieve that goal.

Yours in good health,

BARRY H. OSTROWSKY PRESIDENT AND CHIEF EXECUTIVE OFFICER RWJBARNABAS HEALTH



MICHAEL PRILUTSKY PRESIDENT AND CHIEF EXECUTIVE OFFICER JERSEY CITY MEDICAL CENTER



HEALTH NEWS



CARING FOR ALL OF HUDSON COUNTY

Jersey City Medical Center (JCMC) is forging ahead with a steadfast focus on Healing, Enhancing and Investing in Hudson County. Major investments include:

CARDIAC CARE: Hudson County's only full-service heart hospital has an expanded cardiothoracic surgery program and now offers cardiac CT angiogram screening to referred patients.

ONCOLOGY: JCMC established a stand-alone Radiation Oncology facility and has recruited a first-rate roster of cancer specialists. An infusion center with its own lab and pharmacy will open this spring.

ORTHOPEDICS: JCMC offers robust orthopedic training programs, including a pre-op education program featuring a full team of orthopedicspecialized nurses, orthopedic physical therapy and a full orthopedic residency program.

WOMEN'S HEALTH: Women's Health at Grove Street (116 Newark Avenue) now offers mammography, ultrasound and maternal fetal medicine, in addition to obstetrics and gynecology, midwifery, prenatal care and more.

To schedule an appointment or learn more about our services in Hudson County, visit www.rwjbh.org/hudsoncounty.

Jersey City Medical Center



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RWJBarnabas Health

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healthogether contents

WINTER 2021













2. WELCOME LETTER.

A community update from our CFOs.

4. A MYSTERY SOLVED. A LIFE SAVED.

Comprehensive care uncovers hidden heart disease in a Bayonne man.

- 6. 'I ALWAYS WANTED TO BE A MOM.' Expert care on the journey to motherhood.
- 8. A SPIRIT OF SUPPORT. Giving to JCMC helps one man achieve his life goal.



9. FAST FACTS ABOUT **CARDIAC STRESS TESTS.** Monitoring your heart while you exercise gives doctors important information.

- **10. CANCER SURGERY:** PART OF A PLAN. What to consider when you're deciding where to be treated.
- 12. WHAT A HOSPITALIST CAN DO FOR YOU. This doctor's specialized skills can get you feeling better faster and home sooner.
- 14. THE TRUTH ABOUT **DEPRESSION AND OLDER ADULTS.** Symptoms to watch for, and how to get help.
- 16. ONE STEP AT A TIME. Intensive physical therapy allows a little boy to overcome a rare condition.

- 17. IS IT A COLD. FLU OR COVID-19? Help for telling the difference.
- 18. 'I'VE GAINED MY LIFE BACK.' Total hip replacement allows a West New York woman to walk without pain.
- **20. CERVICAL AND BREAST CANCER: HOW TO** PROTECT YOURSELF.

Simple steps can help prevent common cancers.

22. BREATHING BETTER WITH ASTHMA.

Self-care and new drugs improve quality of life for asthma patients.

We've taken every precaution to keep you safe. So if you've put off care due to COVID-19, please don't delay it any longer.



COMPREHENSIVE CARE BY A TOP CARDIAC TEAM **UNCOVERS HIDDEN HEART DISEASE IN A** BAYONNE MAN.

or Joe Bilotta, 55, a lifelong resident of Bayonne, shortness of breath came on slowly in 2019. Despite a series of doctor visits, the cause remained a mystery.

Then, in a sudden turn in July 2020, Joe found he could not catch his breath even while resting. He realized he could not wait one hour longer.

"I had another medical test

scheduled for the next week," he says. "But that day, the appointment felt like a year away. I didn't think I would survive the wait."

Though he was in generally good shape, with a healthy weight, he was in serious trouble. In fact, he was destined for quadruple bypass surgery in just a few days.

"Based on my lifestyle, my overall

health and even family history, I'm the last person anyone would think had a heart condition," Joe says. "I did have shortness of breath and wheezing. But I don't smoke. Some doctors thought it was asthma."

That July day, Joe's wife, Anna, took him to the Emergency Department (ED) at Jersey City Medical Center (JCMC), just 15 minutes from their home. In the next hours, they learned the lifesaving importance of a deep bench of specialists.

A DIFFICULT DIAGNOSIS

"More commonly than you would think, people have heart conditions even when they have no other risk factors," says ICMC interventional cardiologist Vladimir Znamensky, MD, who is also a member of RWIBarnabas Health Medical Group.

Chest pain, chest pressure and shortness of breath are the classic symptoms, and family history can help determine risk, Dr. Znamensky explains. But less common signs, such as fatigue that's not explained by other factors, or shortness of breath in someone who's otherwise healthy, can be clues.

"When a patient has no obvious risk factors for heart disease, one of the most difficult questions for a cardiologist to answer is, 'What is this person's risk of having—or getting heart disease?" says Dr. Znamensky.

At the ED, physicians quickly reviewed all of Joe's prior tests and ran new ones. They consulted with Mitchell Baruchin, MD, a cardiologist at JCMC and a member of RWIBarnabas Health

Medical Group, whom Joe had begun seeing just days before. Dr. Baruchin had given Joe a cardiac stress test, and the results concerned him, so he had scheduled a cardiac catheterization—in which a thin, hollow tube is inserted into a large blood vessel that leads to the heart—for the following week.

Now Dr. Znamensky performed a cardiac catheterization in the cardiac catheterization laboratory. The results showed that Joe had four blocked blood vessels. His heart was getting only 10 to 30 percent of normal blood flow from them.

"Before I even left the cath lab. Dr. Znamensky told me I had a pretty serious situation," Joe says. "He said I needed a quadruple bypass." After months of chasing down answers, this news felt like "a train coming at me 100 miles an hour," he says.

OUICK ACTION

Still in the cath lab, he met Tyrone Krause, MD. Chief of Cardiothoracic Surgery and Chair of Surgery at JCMC, also a member of the RWJBarnabas Health Medical Group. Dr. Krause, who has performed approximately 10,000 cardiac surgeries, spoke to Joe about what the procedure entailed and what kind of care he would get at JCMC. Because of the severity of the case, there was no time to lose.

Despite the tight time frame, Joe felt reassured by his conversation with Dr. Krause and ready for the next step. After a short time, Dr. Krause performed the quadruple bypass.

Just a few days after surgery, Joe was up and walking, and amazed at his

experience.

"I know firsthand that they all—the doctors and the nurseshave incredible commitment. dedication and compassion," Joe says. "If anyone needs cardiac care or



UNEXPECTED SIGNS OF HEART DISEASE

Pain or pressure in the chest, shortness of breath or numbness in the left arm are common symptoms of heart disease. Other symptoms are less well known, but call for medical attention:

- Nausea
- Feeling lightheaded
- Pain in the jaw or ear
- Swelling in the legs
- Dry or hacking cough
- Sudden, unexplained weight gain
- Fatigue

"Listen to your body," says Vladimir Znamensky. MD. "If you have symptoms that continue, that you can't explain, talk to your doctors. Don't delay."

even surgery, I recommend Jersey City Medical Center."

"We do have a very strong cardiology program here, and excellent collaboration," Dr. Znamensky says. "It's rewarding to be a part of this teamwork, where there's such an effort to make the best decision for a specific patient at a specific time."

Joe was part of his own success, too, Dr. Znamensky says. He realized that something wasn't quite right, and he and his wife searched for answers.

Today. Joe has returned to his regular three-mile walks with Anna. And they look forward to celebrating their 30th wedding anniversary with a trip to Europe, he says, "as soon as possible."



MITCHELL BARUCHIN, MD



TYRONE KRAUSE, MD



VLADIMIR ZNAMENSKY, MD

Your heart doesn't beat just for you. Get it checked. To find a cardiac specialist at Jersey City Medical Center, call 888.724.7123 or visit www.rwjbh.org/heart.





A YOUNG WOMAN FINDS EXPERT CARE EVERY STEP OF THE WAY ON HER JOURNEY TO MOTHERHOOD.

ven as high school sweethearts, Melanie Llanes and her husband, ▲ Angelo, of Jersey City, dreamed of having children together. "Back then, we wanted to wait until a better time, but we often talked about the future," says Melanie, now 32.

But Melanie had early hints of difficulties ahead. As young as 14, she knew she had ovulation issues. In her early 20s, she was diagnosed with polycystic ovary syndrome (PCOS), a hormonal disorder.

"With PCOS, you have irregular periods, hormone imbalances and potential difficulty getting pregnant," explains Melanie's OB/GYN, Patricia Chau, MD, faculty attending physician at the Department of Obstetrics and Gynecology at Jersey City Medical

Center (JCMC) and a member of RWIBarnabas Health Medical Group. PCOS also increases the risks of pregnancy complications such as gestational diabetes, a blood sugar disorder.

The couple married in 2013 and started their life together as Melanie became a physical therapist and Angelo went into nursing. Melanie became pregnant in 2016 but lost the baby during the first trimester.

OPENING UP

In 2018, Melanie consulted Dr. Chau about the couple's next attempt. "Dr. Chau really listens to you and isn't just filling in boxes on a chart," Melanie says. "She was so understanding."

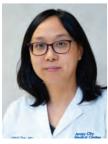
Dr. Chau referred the couple for fertility treatment at JCMC's Women's Health Center at Grove Street. Melanie's regimen combined oral fertility medication with scheduled intercourse timed to an ovulation-triggering hormone injection.

The treatment succeeded, but a second pregnancy in 2019 again ended with a first-trimester miscarriage. "It was disheartening," Melanie says. "You know that meme, 'You only had one job'—and you blew it? That's how I felt."

Until that point, she'd kept her difficulties quiet, but now she decided to be more open about her experiences. "Friends told me they'd been going through the same thing and no one knew," Melanie says. "A lot of women are ashamed to admit that infertility or miscarriage are issues for them."

Melanie and her husband continued fertility treatment. Then she conceived naturally during a medication break.

She told friends and family the news immediately. "I don't know why, but my body knew this pregnancy would be viable," Melanie says. "I was more relaxed



PATRICIA CHAU, MD



BARAK ROSENN, MD

than before and more able to enjoy everything day by day."

CARE AND COMMUNICATION

As the pregnancy went on, she developed gestational diabetes. JCMC's Antenatal Testing Unit was at the ready to track the disorder.

"Having expertise in taking care of women with gestational diabetes is important because managing and controlling the disorder can be pretty involved," says Barak Rosenn, MD, Director of Maternal-Fetal Medicine at ICMC. "In addition to testing, we're also educating the mother on modifying her diet and keeping blood glucose levels under control."

With all services at one institution. results could be easily shared among specialists. "The ultrasound center was in close contact with my doctors and the lines of communication were clear and easy," Melanie says.

"Having a broad continuum of services is not just about convenience, it's about quality of care," Dr. Rosenn says. "We only have a limited period of time [during pregnancy and the ability of providers to coordinate is vital."

A SON IS BORN

At 37 weeks, Melanie went into labor. After 11 hours, the couple's son, Kaden, was born, weighing six pounds, two ounces.

When the delivery team placed Kaden in Melanie's arms, she almost couldn't believe he was hers. Shortly after her second miscarriage, Melanie had a deeply emotional dream in which she had cradled a baby and felt its fingers. "The dream was literally coming true," Melanie says. "But in the dream, I hadn't seen the baby's face. Now here was this little cutie. I was just bawling at that moment."

Today, Melanie says she's never been more tired, especially with Angelo now deployed as a nurse with the U.S. Navy Reserve. "There's a learning curve with being a mom that nobody can teach you," she says. "You just have to live it and experience it. And that experience has been great."

A CONTINUUM OF MATERNAL CARE

Maternity patients at Jersey City Medical Center benefit from a full range of care at the Women's Health Center at Grove Street and the Lord Abbett Maternity Wing.



OB/GYN SERVICES

Routine care, help with hormonal disorders, prenatal care and more



FERTILITY TREATMENT

Assistive reproductive technology in various forms, including

oral medications, injections, intrauterine insemination and in vitro fertilization



ANTENATAL TESTING **SERVICES**

Typically provides ultrasounds, fetal monitoring and other measures to track fetal health



MATERNAL-FETAL MEDICINE

Support for high-risk pregnancies



FAMILY-CENTRIC BIRTHING EXPERIENCE

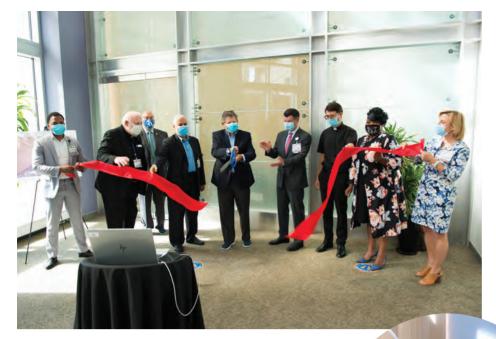
The Lord Abbett Maternity Wing features private rooms, many amenities and modern equipment. If needed, board-certified neonatologists are available at JCMC's Level III Regional Perinatal Center.



POSTPARTUM CARE

Including support for breastfeeding, infant care and anxiety and mood disorders

For more information about maternity services at Jersey City Medical Center, visit www.rwjbh.org/maternity.



A SPIRIT OF SUPPORT

GIVING TO JERSEY CITY MEDICAL CENTER HELPS A MAJOR DONOR ACHIEVE HIS LIFE'S PURPOSE.

ust off the main lobby at Jersey City Medical Center (JCMC) sits a high-ceilinged, sunlit space for reflection or prayer known as the Harwood Spiritual Center. "It has a sense of serenity, warmth and welcome," says Brett Harwood, whose generous gift funded the renovation of what had been a chapel. "When planning the design, we met with religious leaders and others to be sure we were incorporating the needs of the people of our diverse Jersey City community."

Harwood, the founder and principal of Park Equity, LLC, has made a lifelong practice of helping people meet their spiritual and other needs. He donated JCMC's original family chapel as part of the medical center's major reopening in 2004. He has also endowed a synagogue at his alma mater, Franklin & Marshall College in Lancaster, PA.

"I'm a big believer in spiritual help, in therapy and also in medical help," Harwood says. "That's why I support Jersey City Medical Center, a great healthcare institution with great doctors."

Giving provides its own reward. "Nothing pleases me more than to give something that is meaningful to somebody else," he says. "I always want to leave things better than I found them."

PAST AND PRESENT

Harwood has a long family and professional history in Jersey City. "My grandparents, uncle, aunt and cousins lived there, and my grandparents' home was often the site of family celebrations," he says. Among other business ventures, he is the longtime Chairman of Welcome Parking, LLC, based in Jersey City since 1935, and is the third generation of his

At left, the ribbon-cutting for the Harwood Spiritual Center. Brett Harwood is fifth from left; sixth from left is Michael Prilutsky, President and CEO, Jersey City Medical Center. Below, the serene setting for meditation and prayer.

family to work in the business.

"Jersey City is a remarkable community. I've watched it rise over the decades and become a model for the great American small city," he says. "There's a certain grit and persistence in Jersey City people. They don't give up easily, and you see that in the medical center."

In the early 1990s, Harwood was invited to join the JCMC Board of

Trustees. He eventually became

Chairman for the Campaign for the New Jersey City Medical

Center, which resulted in a brand-new seven-story facility that opened in 2004. "Jersey City Medical Center is an anchor institution, not just for the city but for all of Hudson County, and continues to build on its long history of providing excellent healthcare," he says. "They have a world-class Neonatal Intensive

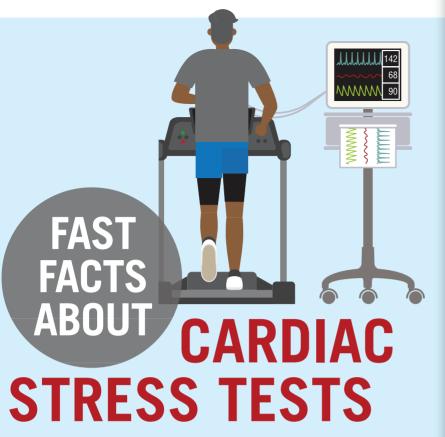
Care Unit, they have one of the most successful Emergency Medical Services in the country and so much more."

Harwood continues to be a vigorous supporter of JCMC as it engages in its ambitious expansion, which includes the recently opened Lord Abbett Maternity Wing, ongoing construction of an expanded Emergency Department, new cancer treatment facilities and more.

"The growth of Jersey City Medical Center is an amazing story of service to the community," he says. "However, institutions, even successful ones, need the support of the philanthropic community in order to grow and prosper. I would encourage people who've had success in their lives to consider giving back, in the form of a donation to Jersey City Medical Center. We all benefit from a healthier community."

To learn about giving opportunities at Jersey City Medical Center, call 201.377.6057 or visit www.rwjbh.org/giving.





MONITORING YOUR HEART WHILE YOU EXERCISE IS SAFE AND CAN GIVE YOUR DOCTORS IMPORTANT INFORMATION.

stress test is a way to detect heart disease while the body is in motion.

"We have several noninvasive tests, such as electrocardiogram (ECT) or echocardiogram, to help detect coronary artery disease as well as heart disease," explains Sharan Mahal, MD, an interventional cardiologist at Robert Wood Johnson University Hospital Somerset and a member of RWIBarnabas Health Medical Group. "Those tests are done when the patient is sitting or lying down. However, some people are not symptomatic until they are exercising."

Think of the heart as an engine, he suggests. "You can only get so much information when the engine is at rest;



SHARAN MAHAL, MD

to really see how it's working, you have to rev it up and take it for a drive. A stress test lets us see how the heart acts and how blood flows through the body while it's moving."

WHAT HAPPENS DURING AN **EXERCISE STRESS TEST?**

- Most stress tests are done in a cardiologist's office. Patients should wear comfortable clothes and refrain from eating or smoking for four hours in advance.
- The patient is connected to heartmonitoring equipment, then walks on a treadmill under the supervision of a doctor or healthcare professional.
- At first, the pace is a gentle 1.7 miles per hour. The pace will gradually be increased to a brisk walk or light jog.
- At the same time, the incline of the treadmill is increased by two degrees every three minutes. It begins at 10 degrees and progresses to 16 degrees.
- The patient's heart rate, blood pressure and breathing are monitored throughout the test, which can last up to 15 minutes. The patient can stop at any time if needed.
- After the stress test, the patient will be observed for five minutes during cooldown.

STRESS TESTS ARE PRESCRIBED WHEN SYMPTOMS EXIST.

Unlike a colonoscopy or mammography, there's no recommended age for a person to begin having stress tests. "People need a stress test if they're having symptoms, usually chest pain or shortness of breath with activity, or unexplained passing out," says Dr. Mahal. "In the absence of symptoms, you might also want to do a stress test if a patient has a family history of cardiac disease, or as a precautionary measure if a patient who has been sedentary wants to start an exercise program."

THERE'S NO NEED TO BE AFRAID OF A STRESS TEST.

"It's a simple, cost-effective and low-risk procedure," says Dr. Mahal. "You'll be carefully monitored the whole time, and if there's any problem at all—which only about one in 10,000 patients will experience—be reassured that your cardiologist is prepared and will be able to take care of you."

THERE ARE DIFFERENT KINDS OF STRESS TESTS.

The most common is the exercise stress test as described in "What Happens During an Exercise Stress Test?" above. Depending on your risk factors, your physician may prescribe a nuclear stress test, which is the same as an exercise stress test, except that a safe radioactive dye is injected and an imaging machine is used to take pictures. If for some reason you can't handle the physical activity of a stress test, your doctor can prescribe a medication that will mimic the effects of exercise.

Your heart doesn't beat just for you. Get it checked. To connect with one of New Jersey's top cardiac specialists, call 888.724.7123 or visit www.rwjbh.org/heart.





urgery has been a mainstay of cancer treatment for millennia—in fact, the use of surgery to treat cancer appears in Egyptian papyri dating back as far as 2500 BC. Today, medical breakthroughs have opened exciting new possibilities for the successful surgical treatment of cancer.

As critical as surgical advances are,



H. RICHARD ALEXANDER JR., MD

however, they're most effective when they're part of a continuum of cancer care, savs H. Richard Alexander Jr., MD, FACS, Chief Surgical Officer and Chief, Surgical Oncology

at Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"The best outcome for surgery doesn't just depend on what happens in the operating room," says Dr. Alexander. "The best outcome happens when surgery is integrated into a comprehensive, individualized plan of care for a patient who has a new diagnosis of cancer."

COMPLEMENTARY TREATMENTS

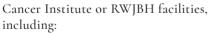
As part of the robust partnership between RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute, experts from a wide range of specialties—surgical oncology, radiation oncology, medical oncology, gastroenterology, genetics

counseling and more—have weekly conferences to assess individual patient cases and make recommendations.

"These discussions aren't about deciding whether to do surgery versus some other treatment," explains Dr. Alexander. "Instead, because we understand cancer so much better now. these discussions are about finding the best ways to use surgery to complement the latest chemotherapy, immunotherapy or biologic treatments."

All treatments offered by Rutgers Cancer Institute and RWJBH are available to any patients being treated within the system, regardless of the facility at which the patient's treatment originated. Among those treatments are advanced and complex surgeries, some of which are only available at Rutgers





•Robotic surgery and laparoscopic surgery. These are minimally invasive and very precise, and are performed with the most up-to-date technology on the market.

•HIPEC (hyperthermic intraperitoneal chemotherapy) surgery, used for cancers that have spread to the abdominal cavity. This treatment strategy involves the surgical removal of metastatic cancer, followed by heated chemotherapy given within the



CANCER CAN'T WAIT

Because of the pandemic, cancer patients may have concerns about scheduling surgery. However, cancer care shouldn't be delayed. Rutgers Cancer Institute and RWJBarnabas Health facilities have taken every precaution to keep patients, visitors and care-team members safe, including:

- COVID-19 screening and testing of all patients and staff prior to working in an operating room or being involved in a surgical procedure
- Rigorous cleaning and disinfecting practices in recovery room spaces, frequently touched surfaces, exam rooms and terminals.

abdominal cavity, which is designed to obliterate the remaining invisible cancer cells that may be present in the tissues.

•Preventive, or prophylactic, surgery, in which sophisticated testing and analysis is used to identify high-risk patients and remove an organ or gland before cancer can develop. This may be recommended for people at risk of developing breast, colon, endometrial, gastric, ovarian, thyroid and many other types of cancer.

Experience counts when it comes to cancer surgery. "There's a large body of literature showing a relationship between the volume of operative procedures done and how successful the outcomes are," says Dr. Alexander. "The more experience surgeons and hospitals have, the better patients do in terms of a shorter length of stay, fewer complications and the return to a normal life more quickly.

"That's something we do especially well at Rutgers Cancer Institute and

RWJBarnabas Health," he says. "We have the experience and technology to recognize potential complications early on and intervene as necessary."

NEXT STEPS

When a patient is told that cancer surgery is needed, how should he or she decide what to do next?

The first step, says Dr. Alexander, is to do further research. "Every doctor wants the best outcome for their patients, and no doctor should object to a patient asking for a referral for another opinion," he says.

Patients also have the option of calling the RWJBH Oncology Access Center at 844.CANCERNI (844.226.2376). "The call will be taken by a specialist who is trained to gather information about the patient and identify the appropriate experts to evaluate and potentially provide treatment for them," explains Dr. Alexander.

Be sure to consider the continuum of care in the place where you will receive treatment. "Treatment that is fragmented, or administered in different locations without proper coordination, becomes more challenging," he says. "To me, it's always best for a patient to get cancer treatment from a multidisciplinary team of specialists who have good communication and coordination, from diagnosis through treatment, discharge and survivorship."

To help keep communication flowing smoothly among all experts treating a cancer patient at RWJBH facilities and Rutgers Cancer Institute, an oncology nurse navigator assists each patient throughout the cancer journey.

"When it comes to cancer treatment, patients shouldn't move forward until they're absolutely certain the best care plan has been presented to them," says Dr. Alexander. "We're uniquely positioned to provide that plan through the partnership between Rutgers Cancer Institute and RWJBarnabas Health."

RWJBarnabas Health, together with Rutgers Cancer Institute—the state's only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.





THIS DOCTOR'S SPECIALIZED SKILLS CAN GET YOU FEELING BETTER FASTER AND HOME SOONER.

f you're admitted to a hospital, you'll be cared for by a specialist physician known as a hospitalist. Though the specialty has been growing

MANINDER ABRAHAM, MD

fast for more than 20 years, many patients and family members may not be familiar with what a hospitalist does.

Maninder "Dolly" Abraham, MD, has been a

hospitalist for 18 years and was recently named Chief of Hospitalist Medicine at RWJBarnabas Health. Here, she explains what patients should know.

What is a hospitalist?

A hospitalist is usually an internal medicine-trained physician who has undergone a residency training and is dedicated to and skilled at inpatient care.

Whether a patient is admitted to the hospital from the Emergency Department or as part of a planned admission, the hospitalist will manage that patient's care during the time the patient is in the hospital.

How does the hospitalist manage a patient's care?

The hospitalist will see the patient every day during the hospital stay, sometimes more than once. In addition to evaluating the patient, they will spend a large amount of time coordinating their care. This means making sure all consultants and specialists are on the same page, keeping the primary care physician in the loop and

FAST FACTS ABOUT HOSPITALISTS



IT'S A RELATIVELY NEW FIELD

The term "hospitalist" was coined in 1996.



More than 60,000 physicians practice hospital medicine, up from just a few hundred 20 years ago.



THEY SAVE TIME AND MONEY

Studies show that hospitalists can reduce patient lengths of stay by up to 30 percent and reduce hospital costs by up to 20 percent.



NATIONAL HOSPITALIST DAY

is held on the first Thursday in March every year (this year, March 4).

Sources: Staffcare.com, Society of Hospital Medicine

"A HOSPITALIST **IS LIKE A STAR** QUARTERBACK WHO KNOWS HOW TO **CALL THE PLAYS** AND NAVIGATE YOU THROUGH THE SYSTEM TO GET YOU HOME AS QUICKLY AS POSSIBLE."

communicating with nurses, social workers, case managers and discharge planners, as well as the patient's family.

Schedules are usually in blocks of days to ensure continuity of care for patients.

Why doesn't a patient's "regular doctor" see him or her in the hospital?

As medicine has evolved, primary care doctors need to dedicate more time to seeing patients in an outpatient setting. In addition, as treatments have become more sophisticated, doctors are able to treat more patients on an outpatient basis.

As a result, patients who are admitted to the hospital these days tend to be those who are very sick. They require a lot of time and attention, which hospitalists are able to provide. Primary care providers entrust their patients to us. We become an extension of that primary care physician.

How does a hospitalist get up to speed on a patient's history and condition?

There is a steep learning curve on day one. The primary care or referring physician sends over a patient's file and has a phone conversation with the hospitalist. At the first encounter with the patient, the hospitalist will do a detailed history and physical exam on the patient, getting to know him or her as well as possible.

Electronic sharing of medical records has made this process much easier and faster. We have access to the patient's history and to all the doctors involved. In addition, we have HIPAAcompliant, secure text messaging, so we can communicate with other physicians efficiently.

How does a hospitalist communicate with the patient's family members?

Hospitalists spend a lot of time talking with patients and family members. We

train new hospitalists on how to talk with them in layman's terms and not use medical jargon.

We ask families to designate one person to be our contact, and we make every effort to communicate with the patient's family every day.

What advantages does a hospitalist have when it comes to treating a patient?

Hospitalists have broad knowledge of most illnesses and how to manage cases, including surgery patients, diabetes and cancer patients and more.

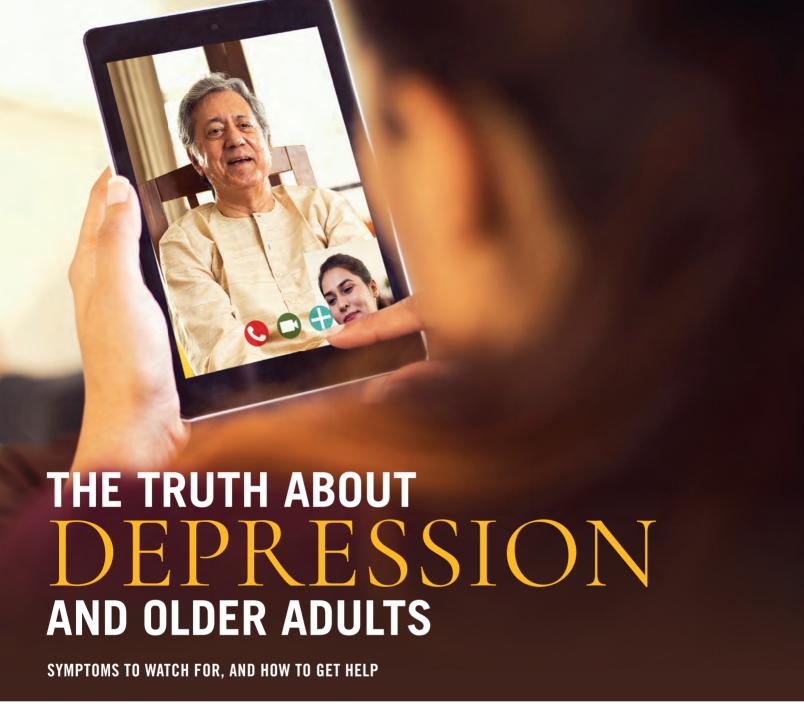
We are specialists in inpatient care. We organize care throughout the hospital. We're there to order tests, track the results and order follow-up tests promptly. We can clear a patient for surgery and manage him or her postoperatively.

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o old age and depression go together—especially in a pandemic? We asked two people who know: Jessica Israel, MD, Senior Vice President, Geriatrics



FRANK GHINASSI, PHD



JESSICA ISRAEL. MD

and Palliative Care, at RWIBarnabas Health, and Frank Ghinassi, PhD, ABPP Senior Vice President of Behavioral Health and Addictions at RWJBarnabas Health and President and Chief Executive Officer of Rutgers University Behavioral Health Care.

Many people expect older adults to be depressed, or at least unhappy. Is that fair?

DR. GHINASSI: Seniors get a bad rap about that. In fact, the age 40 to age 58 group is more likely to be prone to depression. For every older person who is struggling, there are probably seven

or eight who are doing very well as they transition to the later stages of their career and life.

DR. ISRAEL: That expectation is a stereotype and needs to change. In fact, chances are that someone who has had 80 years to develop strategies to deal with stresses in life is, in many ways, better at coping than a younger person.

How does social isolation affect seniors?

DR. ISRAEL: In my experience, people of any age who were already prone to depression have seen their symptoms magnified since the pandemic began. Of course, COVID-19 struck older adults in disproportionate ways. I would say that a significant number of my patients were able to stay safe at home and find new resources to help them stay connected, although some of them needed extra help to find those connections and services. DR. GHINASSI: The folks we worry most about have a troubling package of circumstances—for example, they live alone, their children have moved away or they never had children, friends are beginning to die off, or they've moved to a community where they don't have an existing network. Some may begin to show cognitive decline. If that's combined with a history of depression or anxiety, that's when we get most concerned.

What are signs of depression?

DR. GHINASSI: At any age, changes in baseline behavior are concerning: somebody who had a good sense of humor no longer laughs, somebody who had a healthy appetite isn't eating, somebody who was a good sleeper now has sleep disturbances. Have they stopped doing things they enjoy? Are they saying things like, "What's the point of going on?" DR. ISRAEL: These days, it may be harder to pinpoint these changes because people have less contact with other people—they haven't been going to the gym, or they no longer get together with their knitting circle.

How can loved ones help?

DR. ISRAEL: It's so important to reach out to someone who may be isolated and depressed—to learn more about the situation surrounding the person, and what's happening inside that situation. If you see signs of depression, know that it's treatable. The first step, the critical one, is to reach out.

DR. GHINASSI: This is the time to connect with seniors more frequently than usual. Options range from phone and video calls to screen porch visits and talking through windows—even providing iPads. Visual contact can be a godsend for both the senior and his or her family.



HOW TO THRIVE WHILE SOCIAL DISTANCING

Seven research-backed ideas to promote physical and mental health.



• KEEP TO A CONSISTENT ROUTINE. Studies show that a regular daily routine, especially a consistent pattern of sleeping and waking, has distinct benefits for mental health. Create new routines for daily and weekly activities, including time for self-care, such as exercise or meditation.



• SPEND TIME WITH CRAFTS AND HOBBIES. People who take part in creative activities feel higher levels of positive emotion, according to recent studies. Creativity includes not only hobbies such as drawing, knitting or woodworking, but even simple activities like coloring or keeping a diary.



• TAKE A DAILY WALK. Walking helps maintain a healthy weight, improves heart health and elevates your mood by increasing your body's levels of endorphins, the feel-good hormones. If you can get outside, so much the better: Numerous studies have shown that time in nature is an antidote for stress. If weather or slippery conditions prevent going outside, put on your sneakers, put on some music and walk in place at home.



• READ BOOKS. Reading books reduces stress, decreases blood pressure and lowers heart rate. Reading actually strengthens the brain by promoting the development of neurons. Moreover, studies show that reading fiction books increases the ability to empathize. If you use an e-reader, turn to a print book at bedtime. The blue light from screens can interfere with sleep.



• LISTEN TO PODCASTS. Podcasts are mini-radio shows created on every topic you can imagine, and they're available free online or through apps for iPhone or Android. A 2016 study found that listening to podcasts activates multiple parts of the brain and can soothe, excite or make you laugh.



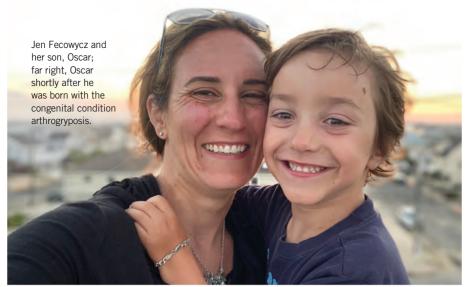
• LISTEN TO YOUR FAVORITE MUSIC. Music is an effective form of mood regulation, helping us to calm down, feel pleasure or even indulge in a good cry. One study found that adults with chronic osteoarthritis who listened to music daily for two weeks reported less pain.



• KEEP AND BUILD YOUR SOCIAL NETWORK. A range of studies has shown that meaningful social connections increase longevity and feelings of well-being. Stay connected by reaching out to friends and family, whether it's via your phone or laptop, or the "oldfashioned" pen-and-paper way.

To reach the physician referral service at RWJBarnabas Health, call **888.724.7123**. To learn about mental health services, call the RWJBarnabas Health Behavioral Health hotline at 800.300.0628.







ONE STEP A A TIME

INTENSIVE PHYSICAL THERAPY **ALLOWS A LITTLE BOY TO** OVERCOME A RARE CONDITION.

ennifer Fecowycz was only 13 weeks pregnant when she learned her baby wasn't developing normally in utero. Doctors could see that he wasn't bending at his wrists, knees, ankles or elbows, and diagnosed a rare condition called arthrogryposis—a congenital joint contracture (stiffness) in two or more areas of the body.

When Jen's baby, Oscar, was born he faced a myriad of complications: club feet, hyperextended knees and elbows, and wrists that hooked under the wrong way. All necessary healthcare services, including surgery and casting, began right after birth. Then, when he was just six weeks old, he began weekly physical therapy sessions at Children's Specialized Hospital (CSH) in Mountainside.

TRUSTING THE PROCESS

Because Oscar couldn't bend his elbows. "tummy time" to strengthen the neck was very difficult. Nighttime splints

Children's Specialized Hospital

An RWJBarnabas Health facility

were needed to increase the ability of his arms to bend. He had casts on his legs from the age of five weeks to six months, which made rolling over a big challenge.

Oscar and his therapist Diana Deshefy, PT, DPT, PCS, worked on exercise modifications. When the leg casts were removed, Deshefy taught him how to roll over. Deshefy also served as a friend and confidant to Jen and made sure Oscar's entire care team had the most up-to-date information on his case.

"When Oscar was born, we were told that the only way he'd ever walk would be if we amputated his legs at his knees," says Jen. "Children's Specialized made sure that was a decision we never had to make." Because Oscar couldn't bend his knees, physical therapists began by having him stand and put pressure on his legs. "The team at Children's continued to work with us each week, figuring out

where his legs needed the most support and creating bracing options for his unique needs," Jen says. Just before Oscar's second birthday, Deshefy helped him take his first independent steps.

Today, Oscar is a typical 5-year-old boy who loves to spend time outside hiking, swimming and throwing rocks into the creek. He also enjoys coloring, building with Legos and playing with trucks, cars and dinosaurs. Oscar continues to see Deshefy weekly and interact with all of his friends at CSH.

"My advice for parents going through a similar situation is to take a deep breath, be patient and trust your therapists and the process," Jen says. "It can be overwhelming to hear the therapists set goals for three, six and 12 months and worry that your child isn't going to hit them. But your therapists work with you and your child, adjusting the plan as needed. I'm so grateful to Children's Specialized for all they've done for Oscar and our entire family."

To learn more about Children's Specialized Hospital, call 888.244.5373 or visit www.childrens-specialized.org.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to developmental and behavioral issues, like autism and mental health conditions. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren.

IS IT A COLD, FLU OR **COVID-19?**

THEY'RE ALL VIRAL. AND THEY SHARE SOME SYMPTOMS. HERE'S HELP WITH TELLING THE DIFFERENCE.

hese days, symptoms of an upper respiratory infection runny nose, sneezing, congestion—often trigger worries that they might indicate COVID-19. "Call your primary care doctor and describe your symptoms to know what your next steps should be," says Peter Q. Lee, DO, FACEP, Associate Chairman of Emergency Medicine at Jersey City Medical Center. "However, if you feel that your symptoms warrant a trip to the ED, by all means you should come in. Know that it is safe to come here, because we've taken every precaution for the protection of our patients, visitors and staff."

As with any flu season, everyone over the age of 6 months should get the annual flu vaccine, he says, and take

PETER Q. LEE, DO

precautions: "If we all practice social distancing, wear a mask and wash our hands, the spread of respiratory infection will be considerably limited this season."

	THE STATE OF THE S	200 March 1980	
	COLD	FLU	COVID-19
HOW IT SPREADS	Droplets expelled by coughing, sneezing or talking; touching a surface that has the virus on it	Droplets expelled by coughing, sneezing or talking; touching a surface that has the virus on it	Droplets expelled by coughing, sneezing or talking; touching a surface that has the virus on it
KEY SYMPTOMS	Mainly upper respiratory: nasal congestion, sore throat, headache, possibly mild cough	Fever, chills, muscle aches, exhaustion; runny nose, sore throat, headache; possible nausea, vomiting, diarrhea	A wide range, including fever, cough, shortness of breath; sometimes, lack of taste or smell, which may come on suddenly. Some people experience only a few of these symptoms, or none at all.
HOW IT'S DIAGNOSED	No test; diagnosis based on symptoms	Swab test performed by healthcare provider	Usually swab or saliva test performed by healthcare provider
TREATMENT	Bed rest; fluids; over-the-counter medications such as decongestants, pain relievers and cough suppressants	Bed rest; fluids; over-the-counter medications to relieve symptoms. In severe or high-risk cases, antiviral medications may be prescribed.	COVID-19 treatments are still in the development stage.
RECOVERY TIME	A few days to two weeks	A few days to two weeks, if no complications, such as pneumonia, develop	For mild cases, about two weeks; for more severe cases, six weeks or more, and hospitalization may be required.
PREVENTIVE MEASURES	Wash hands frequently; don't touch face; avoid close contact with infected persons.	Wash hands frequently; don't touch face; avoid close contact with infected persons. Annual flu vaccine is recommended for most people aged 6 months and older.	Wash hands frequently; don't touch face; wear mask; avoid crowds and maintain 6 feet of distance from other people outside your home; avoid close contact with infected persons.

Jersey City Medical Center has Emergency Departments at 355 Grand Street in Jersey City and at RWJBarnabas Health at Bayonne at 519 Broadway. In an emergency, call 911. To learn more, visit www.rwjbh.org/hudsoncounty.



lizabeth Vega, 48, of West New York, loves to dance, especially ✓ salsa, and to take Zumba classes. However, in her early 40s, she began to experience hip pain while dancing. She went for a medical evaluation and was told by a doctor that she had arthritis and would eventually need to have one or both of her hips replaced.

"I continued with my life, but with time my hips started to limit my social life and athletic ability," says Elizabeth, who works as Supervisor for Radiology Scheduling at the Barnabas Health Ambulatory Care Center in Livingston.

Arthritis like Elizabeth's, also referred to as degenerative joint disease, is the prime cause of the breakdown of hip cartilage. The condition causes the bones in the hip joint to begin to rub against each other. It creates pain and stiffness as well as deformities such as bone spurs.

It wasn't until Elizabeth developed a limp, fell down the stairs at work and experienced limits to her walking that she seriously considered hip replacement, known as total hip arthroplasty.

NEXT STEPS

During total hip arthroplasty, a surgeon removes the damaged hip joint and replaces it with an artificial joint, often made from metal and plastic components. The procedure is designed to improve range of motion and function, and ease pain in a damaged hip. This surgery is recommended when severe pain and stiffness limit activity, interfere with sleep and cannot be relieved by medication.

Elizabeth consulted with Richard Yoon, MD, a member of RWIBarnabas Health Medical Group and Director, Orthopedic Research at Jersey City Medical Center (JCMC), which Elizabeth chose due to its proximity to her West New York home. Formerly a



RICHARD YOON, MD

physician herself in Colombia. Elizabeth admired Dr. Yoon's demeanor and was impressed with his knowledge and professionalism.

"I wanted to be confident that



ANTERIOR HIP REPLACEMENT



POSTERIOR HIP REPLACEMENT

TWO APPROACHES TO HIP SURGERY:

The anterior approach, shown at left, is performed through an incision of 3 to 4 inches in the front of the hip and can be done without having to detach muscle from bone. The posterior approach, at right, is done from the side or back and requires a larger incision of 8 to 12 inches, cutting through muscle. "Either approach may be recommended, depending on a patient's individual needs," says Richard Yoon, MD, Director of Orthopedic Research at JCMC.

I could trust the physician who would do my surgery and that the surgeon had plenty of experience performing it with positive results," she says.

Traditionally, surgeons have performed total hip arthroplasty using what's known as the posterior approach, with an incision through the back of the hip. This method provides the surgeon with high visibility of the joint and precise implant placement.

For Elizabeth, however, Dr. Yoon recommended that her right hip be replaced using the anterior approach, in which an incision is made in front of the hip. Because it does not require that muscles and tendons be cut, this technique minimizes complications, aids rapid recovery and involves less pain.

"The anterior method is especially useful for active, younger patients like Liz who are eager to return to work and want a faster recovery," Dr. Yoon explains, "but we also use it on older patients who want to remain active. The implants can last for 30 to 35 years."

Dr. Yoon also continues to use the posterior approach. "It's easy to do and more suitable for patients who are obese or at higher risk due to conditions such as Parkinson's, dementia or hip fracture," he explains.

DANCING AGAIN

Elizabeth's surgery was set for March, but due to COVID-19, it was rescheduled three times and finally performed in June. Despite the pandemic, Elizabeth felt protected and safe at JCMC, where all precautions were thoroughly explained to her. "Dr. Yoon and his staff provided excellent care and were helpful and knowledgeable," she says.

Elizabeth had been worried that she might be in pain and unable to move after surgery, but she was pleasantly surprised. "I was walking the next day, and my pain was tolerable. My scar was

also smaller than I thought," she recalls. She underwent two weeks of physical therapy at home, then six weeks of outpatient therapy at JCMC. "They are a great team, caring and passionate in promoting your recovery," she says.

By six weeks after surgery, Elizabeth was surprised at how easy it had been to recover the strength and movement of her leg. "I have gained back my life. I walk a lot, which I could not do before," she says. "I can dance and drive, and I've started to get back in shape and lose weight."

Elizabeth has regular follow-up appointments with Dr. Yoon, who has continued to be a dedicated partner. "It's been a big change from before to after. I feel amazing," she says.

"This is the reason I went into surgery," Dr. Yoon admits. "I had a patient—who previously couldn't change her socks or walk without resting—come in to see me. She was no longer leaning on a cane and had a smile on her face."

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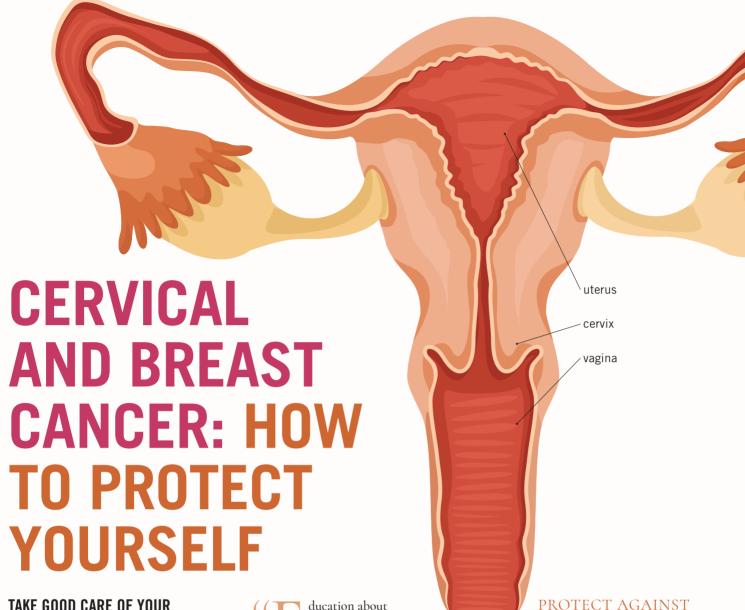
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377 Jersey Avenue, Suite 280-A, Jersey City

NEWPORT LOCATION

100 Town Square Place, Suite 208, Jersey City

To learn more about orthopedic services at Jersey City Medical Center, call 844.63.0RTHO or visit www.rwjbh.org/ortho.



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Jersey City Medical Center, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-**Designated Comprehensive Cancer** Center—provide close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

ducation about breast and cervical cancer is so important for women," says Faye Yin, MD, oncologist/ hematologist at Jersey City Medical Center (JCMC) and a member of RWJBarnabas Health Medical Group. "Early detection saves lives. Cancer is most treatable when caught in its earliest stages, and screening can do that.

"Some patients have told me they're

FAYE YIN, MD

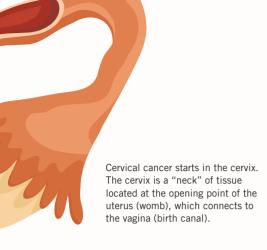
afraid of tests, but they shouldn't be," she says. "A Pap test for cervical cancer and a mammogram for breast cancer are easy to do with minimal discomfort, if any."



Cervical cancer starts in the cervix, the opening part of the uterus (womb), which connects the vagina (birth canal) to the upper part of the uterus. The main cause of cervical cancer is HPV, the human papillomavirus, which is most often passed from one person to another during sex.

Manage Your Risk Factors

- Practice safe sex. Any new sex partner is a potential risk factor for getting HPV. Proper use of condoms can provide some protection against
- · Don't smoke. Smoking increases the risk of getting cervical cancer.
- · Eat a healthy diet, including lots of fruits and vegetables.



- Be especially cautious if you have a weakened immune system, which can result from taking immunosuppressant drugs or from having HIV/AIDS.
- Get the HPV (human papillomavirus) vaccine. This shot, given in two or three doses, can prevent the development of cervical cancer. Doctors recommend that routine vaccination be given to both boys and girls between the ages of 9 and 12, before they have sexual contact and are exposed to HPV. If you have not yet been vaccinated, discuss the shot with vour doctor.

Get Screened

- What is an HPV and Pap test? In a Pap test, a healthcare professional places a speculum (a plastic instrument) to hold the vaginal walls apart to see the cervix. A small sample of cells is collected from the cervix and sent to a lab to check the genetic material (DNA) of human papillomavirus and detect changes in cervical cells that suggest cancer may develop in the future.
- When should I get a Pap test? The American Cancer Society says that women between the ages of 25 and 65 should have an HPV test with or without a Pap test every five years, or a

Pap test every three years.

• How do I get a Pap test? A Pap test should be part of the pelvic exam that you get at a routine yearly physical. If you have not had a Pap test, speak with your primary care provider.

PROTECT AGAINST BREAST CANCER

Manage Your Risk Factors

There is no guaranteed way to prevent breast cancer, but there are ways to lower your risk of getting it.

• Maintain a healthy weight. Increased body weight and weight gain as an adult are linked to breast cancer risk.

A mammogram uses low-dose X-rays to see breast tissue.

- Be active. The American Cancer Society recommends moderate activity (enough to make you breathe hard) for 150 to 300 minutes each week, ideally spread out over the course of the week.
- · Avoid or limit alcohol. Women who drink should have no more than one alcoholic drink each day.
- Eat a healthy diet, one that's low in fat, sugary drinks, processed foods and red meat, but high in fruits and vegetables.
- Don't smoke. Even secondhand smoke exposure can increase risk.
- Breastfeed. Research indicates it may play a role in breast cancer prevention.

Get Screened

- What is a mammogram? A low-dose X-ray that can find breast cancer early, when it's small and before a lump can be found. The machine uses two plates to gently compress the breast and spread tissue apart to see it more clearly in the X-ray.
- When should I get a mammogram? The American Cancer Society says that women between 40 and 44 have the option to start having screening mammograms, and all women should begin having yearly mammograms by
- How do I get a mammogram? Ask your doctor for a referral to a certified facility that does mammograms.

For a referral to a primary care physician, call 888.724.7123 or visit www.rwjbh.org/doctors. To schedule a mammogram, visit, www.rwjbh.org/mammo. For information on other cancer screenings, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.





WITH ASTHMA

NEW DRUGS AND SELF-CARE CAN HELP PEOPLE WITH ASTHMA HAVE A BETTER QUALITY OF LIFE.

or the majority of people with asthma, common treatments, such as corticosteroid inhalers, work just fine to help them keep healthy and active.

However, five to 10 percent of people with asthma need types of

steroids that are much stronger and can have significant side effects. "For quite some time, strong oral steroids—taken



ALAN BURGHAUSER, MD

by mouth—were the only choice for some patients," says Alan Burghauser, MD, a pulmonologist (lung specialist) who practices at RWJBarnabas Health Medical

Group in Bayonne.

In contrast to inhaled steroids, which go directly into the lungs, oral steroids are digested and flow through the bloodstream to affect the entire body. Side effects can range from brittle bone disease (osteoporosis) to cataracts, weight gain, infections and even diabetes.

Now, a new and promising class of medicines for asthma is making a dramatic difference for the better in patients' lives. Known as biologics,

these man-made drugs are injected and work by targeting highly specific blood cells and even molecules that cause inflammation related to asthma

Most exciting, instead of only controlling symptoms, the five different types of biologics now available work to stop the causes of the inflammation before signs of asthma develop.

"For one particular type of biologic, a single dose can reduce the cells that cause the problems by 98 percent," Dr. Burghauser says. "Those results are amazing."

A SUCCESS STORY

"I've had asthma since childhood, and for years, I needed steroids to control it," says Catherine Long, 88, of Bayonne. With Dr. Burghauser as her pulmonologist for an impressive 40 years, she's been successful at avoiding the most serious asthma attacks.

However, the retired nurse was still concerned with potential bone loss and other side effects from steroids over time. She was delighted last spring when Dr. Burghauser spoke with her about the new treatment.

"I began getting biologics about 18 months ago, and it's been just wonderful," Catherine says. "Before, when I was taking steroids, I would occasionally have breathing problems and have to call the office for care. But since taking biologics, I've not had to call the office about breathing problems once."

Some biologics have significant side effects, including cancer risk, Dr. Burghauser says, although specialists now have information that can help them determine the benefits and risks for individuals.

Another potential downside of these new drugs is their cost, which

TAKING CONTROL OF YOUR ASTHMA

Asthma causes changes in the airways that lead from the mouth to the lungs, making it hard to breathe. Up to eight out of every 100 people in the U.S. have asthma. Fortunately, there are a number of ways to manage it. "With a little guidance from your doctor, most people can take charge of their own asthma care." says pulmonologist Alan Burghauser, MD. He shares these tips to sidestep symptoms:

• Know your asthma triggers and avoid them. Cold air, dust and smoke are common triggers. "Wear a hat and keep a scarf over your mouth when it's cold," Dr. Burghauser says.

- Talk to your doctor about your medicines. "Medicines are changing, and we now have new ones for severe asthma," he says. "Your doctor will have the latest treatments to offer you." Understand your medications and be sure to keep your appointments.
- Take precautions for your overall health. Get good sleep, get your flu shot, wash hands often, avoid crowds and avoid people who are sick. "Wear a mask, too,"
- Exercise. This gets more blood and oxygen to the lungs and throughout the body. Work with your doctor to find the best way to enjoy your activities.

BREATHE WELL, SLEEP WELL

Do you have trouble sleeping through the night? Breathing disorders, such as asthma, often result in poor quality of

But they're not the only culprit when it comes to nighttime troubles. "There's growing research that heart disease can also lead to poor sleep, for example, and so can a number of other health conditions," says Jyoti Matta, MD, a pulmonologist and Medical Director of the Center for Sleep Disorders at Jersey City Medical Center.

Because quality of sleep can involve so many factors, Dr. Matta and her team work with a variety of primary care providers and specialists to identify causes and to find the right solution for each patient.

"We have many ways to help find what works for you," Dr. Matta says. "Treatment for sleep disorders can be simple and usually does not require medicines."

For more information about the Center for Sleep Disorders, call 201.915.2020 or visit www.rwjbh.org/jcmcsleep.

can run thousands of dollars a year and often aren't fully covered by insurance. he says.

Still, Dr. Burghauser remains encouraged by progress in treating asthma. "When I started my practice, inhalers weren't even yet an option for our patients with asthma," Dr. Burghauser says. "Now we are using biologics. These advances are a story of invention, and for my patients, it's exciting to see."

To find a specialist in pulmonology or another specialty at RWJBarnabas Health at Bayonne at 519 Broadway, call 888.724.7123 or visit www.rwjbh.org/doctors.





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