

HEALTH **U**



Hackensack
Meridian *Health*

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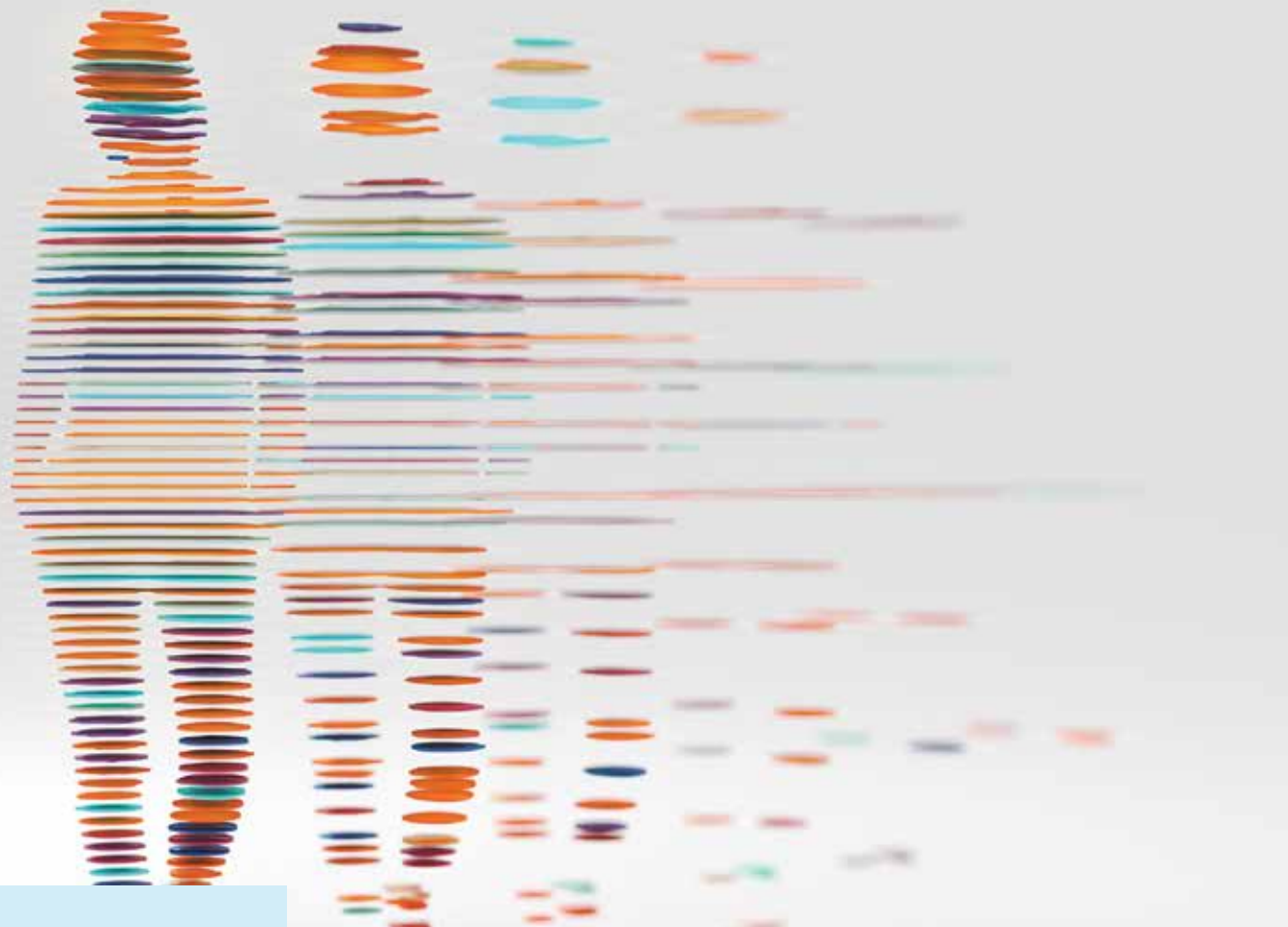
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Awareness Is Power



PARA LEER ESTA REVISTA EN ESPAÑOL,
VISITE [HMHforU.org/Spanish3](https://www.HMHforU.org/Spanish3)

Contents Fall 2022



 Hackensack Meridian Health Theatre
at the Count Basie Center for the Arts

“We are grateful for our partnership with the Count Basie Center for the Arts,” says Robert C. Garrett, CEO of Hackensack Meridian Health. “After two years of COVID-19 restrictions, there are so many health benefits associated with getting out, socializing, and enjoying arts and entertainment again.”



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Innovation transforming medical research into treatments
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Are you up to date with your COVID-19 booster? Find the latest guidance at HMHforU.org/COVIDBooster.

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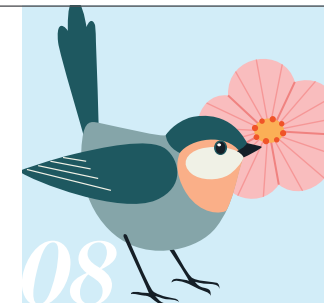
You may soon be able to buy a hearing aid without a doctor's prescription. Learn more at HMHforU.org/HearingAid.



In an episode of the HealthU Podcast, David Leopold, M.D., shares tips for coping with chronic stress. Listen at HMHforU.org/StressLess.

Visit HMHforU.org for these stories and other great health care content.

HealthU is a 2022 APEX Award winner and a 2021 Content Marketing Awards finalist.



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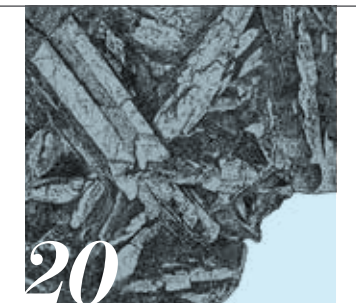
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BetterU

quick tips to help you live your healthiest life



Bob Garrett happily received his updated COVID-19 booster and flu shot at the same time in September 2022 and encourages all who are eligible to do the same.

Be Proactive With Your Health

These days, you'd be hard pressed to find someone who hasn't been personally affected by cancer—whether they've fought it themselves or a friend, family member or colleague has. One in three Americans will be diagnosed with cancer during their lifetime, according to the American Cancer Society.

Fortunately, early detection can save lives. Diagnosing cancer in earlier stages, before it's spread, means treatment is more likely to be successful. We've broken down screening guidelines for men and women by age to remove the guesswork and make it simple: [HMHforU.org/Screening](https://www.hmhforu.org/screening).

In my own family, my father had a cancer scare. But thanks to early detection, he is living a long and healthy life! If you've fallen behind with your scheduled screenings, there's no time like today to catch up. Schedule a screening near you at [HMHforU.org/ScheduleScreening](https://www.hmhforu.org/schedule-screening).

In this issue, we've provided a quick guide to the different types of lumps you might find and what you should know about



Bob Garrett's father this past summer, celebrating his 91st birthday with his five great-grandchildren.

them (see "What's that Lump?") Of course, if you see or feel something that concerns you, don't take chances—talk to your doctor.

Another weapon in our collective fight against cancer: Research is leading to improved cancer prevention, screening and treatment. Breakthroughs continue to alter the future of cancer care. At **Hackensack University Medical Center**, we've launched an innovative surveillance program that screens individuals at high risk for developing pancreatic cancer—the first of its kind in New Jersey. Pancreatic cancer accounts for nearly 80 percent of all cancer-related deaths in the U.S., so advancements like this have the potential to save lives. Read more on page 10.

Every October, we celebrate Breast Cancer Awareness Month. Make a pledge this year to educate yourself and others about screening—not just breast cancer screening but screening for all types of cancer. 🌸

Robert C. Garrett, FACHE, CEO
Hackensack Meridian Health



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Kickstart Your Workout ... Safely

Doing physical activity on a consistent basis is good for your health, your mood, your sleep habits and weight control. But resuming workouts too intensely after a break may lead to injury if you aren't careful.

Laurent Delavaux, M.D., physical medicine and rehabilitation specialist at **JFK University Medical Center**, offers tips to minimize your risk of injury while resuming regular workouts.



Laurent Delavaux, M.D.

Physical medicine and rehabilitation specialist

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Brick and Edison

Go light. Forget about lifting the same amount of weight you lifted in the past. Do more reps with lighter weights, then gradually build to lifting heavier weights as you get stronger.

Dress appropriately. Wear supportive walking or running shoes when you're hitting the pavement. For bike rides, wear a helmet for safety.

Rotate your workouts. Alternating the type of exercise you do should help you vary the muscles you use, reducing your risk of injury.

Take days off. Don't do strength training more than two or three days a week, so your muscles have time to recover.

Start slowly. Walk, run, bike or swim for shorter distances at a slower speed than you did in the past, and gradually build to your old abilities. Increase distance and/or speed by no more than 10 percent every week.

Adopt healthy lifestyle habits. Stay well-hydrated before, during and after workouts. Eat nutritious foods and get enough sleep, so your muscles can heal while you're resting.

Stop if you feel pain. If you're exercising for the first time in a while, it's normal to feel some soreness. But if you feel sharp twinges of pain, don't work through it. Stop, rest and seek medical advice as needed.

Stretch before and after your workouts. Doing a short warmup and cooldown with gentle stretches may help you become more limber, which may minimize your risk of injury.

istock.com/Aledezhda Ivanova

Go Online

For more exercise tips, visit [HMHforU.org/Exercise](https://www.hmhforu.org/exercise).



Does Addiction Run in Families?

What to know about addiction's impact on generations of families—and how to stop the cycle.

Addiction is a complex disease that affects a person's biological, psychological, social, emotional and spiritual life in all aspects.

Several factors can lead to addiction, including a search for ways to relieve stress, cope with trauma and manage injuries (such as becoming dependent on opioid medications originally prescribed for pain relief). "There's also a nature-versus-nurture debate, which has been resolved in a lot of ways—it's both," says Rachel Heath Wallace, senior director of substance use counseling services at **Blake Recovery Center at Carrier Clinic**.

Is There a Gene for Addiction That Gets Passed Down?

"It is a genetic disease," Rachel says. In fact, the American Addiction Centers states that first-degree relatives of someone with a history of addiction are 4–8 times more likely to develop problems with addiction themselves when compared to those who do not have a family member with an addiction.

"If you come from a family that has addiction in it, you should certainly be very careful, as there is a likelihood you may develop an addiction yourself," Rachel says. "But it's not just genetic—growing up in that environment can play an equal role."

In households of parents suffering from addiction, there is likely turmoil, anxiety, stress, depression and possibly trauma associated with that upbringing. "Just imagine if there's constant drinking or using drugs, fighting and chaos—children will think that's normal," Rachel says. This can create a cycle within the family of those misusing substances.

Hope for Families with a History of Addiction

Children in the family can be offered a safe space, therapy, educational resources and early intervention programs to understand the disease and prevent a life of active addiction.

It's important for families to avoid hiding the addiction or dismissing the disease. "Addiction teaches the family three rules: Don't talk, don't trust and don't feel because we must protect the family secret," Rachel says. "By doing this, families don't learn how to properly cope."

With proper help and support, there is hope and a future of recovery. Rachel recommends seeking professional help if you or a loved one suspect problematic substance use. "There are more ways now than ever to get help, and not all treatment is created equal, so do your research," she says. "There is hope, and people do recover. I've seen it many times. Don't give up!"

Find a location for addiction recovery services near you at [HMHforU.org/Addiction](https://www.HMHforU.org/Addiction).

Grocery Shop on a Budget



You don't have to sacrifice healthy eating when on a tight budget. AnnMarie McDade, M.S., R.D., CDCES, registered dietitian and certified diabetes care and education specialist at the **Diabetes & Endocrinology Center of Old Bridge**, shares five tips for saving at the grocery store while still serving up healthy meals and snacks for your family.

1 Plan around sales. Plan meals that include produce, lean proteins and low-fat dairy items that are on sale and in season to save money while eating nutrient-dense foods. Compare national brands and private store labels for the lowest price. Use the unit price to compare costs between different sized packages of the same product.

2 Create a shopping list and stick to it. Prioritize vegetables, fruits, low-fat dairy, lean proteins and whole grains. To keep your grocery list from growing too long, prepare meals that include similar ingredients throughout the week.

3 Look for frozen or canned alternatives. Canned and frozen fruits and vegetables are picked at peak freshness and can be just as nutritious as fresh foods because canning and freezing preserves many nutrients. Check the ingredients list to avoid items with added sugars or salt.

4 Buy in bulk. Consider purchasing a larger quantity of meat that is on sale and preparing enough for two or more meals. Enjoy leftovers later in the week or freeze for future use. Stock up on nonperishable whole grains and dried beans, peas and lentils when on sale.

5 Reduce waste. Only buy the amount of perishable foods you will use, or freeze portions to prevent waste. Plan to use highly perishable items—such as fish and seafood, salad greens, berries and fresh herbs—early in the week, and save more hearty items for later in the week. Enjoy leftovers for lunch, or create new meals from leftover ingredients. Cooked meat and vegetables can be revamped as a filling for a casserole, frittata or soup.

Find a healthy cooking demo or other nutrition event near you at [HMHforU.org/Events](https://www.HMHforU.org/Events).



Hearty Chicken Harvest Dinner

Serves 4

Ingredients

- ¾ pound chicken breast, boneless and skinless
- 1 tablespoon olive oil
- Olive oil spray
- 1 medium onion, thinly sliced
- 2 yellow or red bell peppers, sliced
- 1 garlic clove, minced
- 1 14-ounce can low-sodium diced tomatoes
- ¾ cup low-sodium chicken stock
- 1 tablespoon each, dried oregano and basil
- 1 cup canned low-sodium cannellini beans, rinsed and drained

Nutritional Information

Per serving: 324 calories, 28g protein, 29g carbohydrate (6g fiber), 8g fat (2g sat, 6g mono/poly), 293mg sodium

Steps

- 1** Over medium heat, sauté the chicken breast in olive oil until golden brown. Remove from pan.
- 2** Spray pan with olive oil spray. Add onion, peppers and garlic, and sauté until onions are translucent, 3–5 minutes.
- 3** Add tomatoes with juice and stir. Place the chicken over mixture, add stock and sprinkle with herbs.
- 4** Cover the pan and simmer for 30 minutes, stirring occasionally. To test when chicken is done, poke a knife in meat; juices should run clear.
- 5** Mash half of the beans, then add to pot and stir into liquid until sauce thickens. Add the rest of beans and simmer for 5 minutes.

Seasoned Cook

This is the perfect make-ahead dinner. You can even prepare it the night before through step 3. Consider doubling the recipe for great leftovers.

Find more recipes and tips for healthy eating at [HMHforU.org/HealthyEating](https://www.HMHforU.org/HealthyEating).

When should I have "the talk" with my kids?

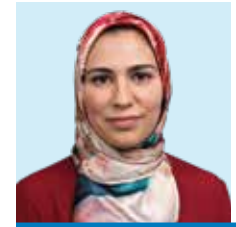
Noor Al-Husayni, M.D., weighs in:

You should initiate a conversation about puberty with your kids before the process begins. Girls typically start puberty between ages 8 and 13; for boys, between 9 and 14.

Let younger kids know in age-appropriate terms about what's to come, then keep talking about it as they mature. That doesn't mean you need to sit your kids down for multiple editions of "the talk." It means looking for opportunities to start small conversations sparked by, for example, children's questions and observations.

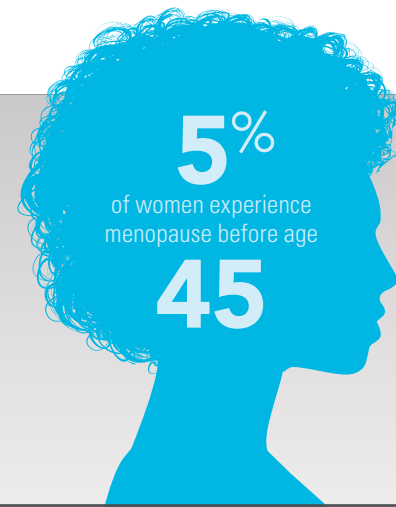
Here's a general guide to discussions by age:

Under 2	Ages 2-5	Ages 6-8	Ages 9-12	Teenagers
Use the correct terminology for all body parts, including genitalia.	Teach your kids about boundaries and consent—what is and is not appropriate when it comes to touching or being touched by other people.	Introduce an age-appropriate book to explore the early signs of puberty, including growth spurts, body odor, acne and cracking voices.	Normalize conversations about changes during puberty related to sexuality, such as when girls get their periods and begin to menstruate, and when boys first experience erection and nighttime ejaculation.	Teens need honest conversations about birth control, safe sex and healthy relationships.



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Learn more at [HMHforU.org/Puberty](https://www.HMHforU.org/Puberty).



How early can you go through menopause?

Shwetha Shrivatsa, M.D., weighs in:

On average, women in the U.S. go through menopause around age 51 or 52. But about 5 percent of women experience menopause before age 45, and 1 percent experience it before age 40.

There are a variety of reasons why some women go through menopause early:

- ▶ **Certain procedures** to a woman's reproductive organs may put her in early menopause, including oophorectomy (ovary removal) and hysterectomy (uterus removal).
- ▶ **Some cancer treatments** may lead to early menopause, including certain chemotherapy drugs and radiation to the pelvic region.
- ▶ **A variety of conditions** may be linked to early menopause, such as thyroid disease, rheumatoid arthritis, Crohn's disease, ulcerative colitis and more.
- ▶ **Other factors** may increase a woman's risk of early menopause, such as smoking and having a family history of early menopause. Anyone going through early menopause should speak with their gynecologist to discuss their overall health.



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Learn more at [HMHforU.org/Menopause](https://www.HMHforU.org/Menopause).



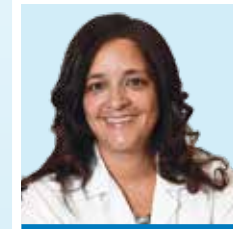
Can men get breast cancer?

Renee Armour, M.D., F.A.C.S., weighs in:

Although it is less likely for a man to develop breast cancer than a woman, it does happen. More than 2,700 men are diagnosed with breast cancer each year in the U.S. Awareness of any changes and a proactive approach to risk assessment are important, because, as with any disease, the key to increased options and successful treatment is early diagnosis.

The most common signs and symptoms of breast cancer in men include:

- ▶ **Lumps** or thickening of the breast tissue, with or without the presence of pain
 - ▶ **Discharge** from the nipple
 - ▶ **Nipple changes**, such as swelling, redness or the development of scales
 - ▶ **Nipple retraction** (inward turning nipples)
 - ▶ **Changes in breast skin**, such as dimpling or puckering
- If you are experiencing any of these conditions, speak to your doctor as soon as possible.



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Learn more at [HMHforU.org/MaleBreastCancer](https://www.HMHforU.org/MaleBreastCancer).

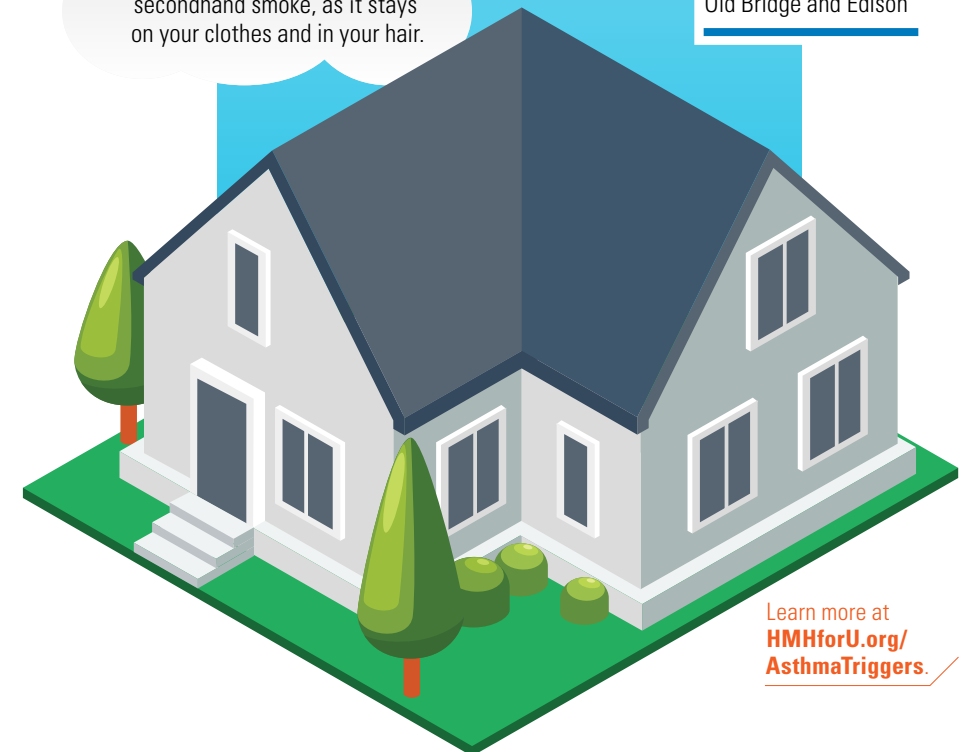
How can I reduce asthma triggers at home?

Joseph Mathew, M.D., weighs in:

While some asthma triggers are out of our control, here are six you can control to hopefully decrease asthma exacerbations—and the need to come to the emergency room:

- Eliminate carpeting.
- Consider mini-blinds instead of curtains and drapes.
- Encase pillows and mattresses in fabric or vinyl protective covers, sold at regular retail stores.
- Skip cleaning products with harsh scents; consider scent-free options instead.
- Limit exposure to pets; wash hands and face immediately after touching an animal.

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Learn more at [HMHforU.org/AsthmaTriggers](https://www.HMHforU.org/AsthmaTriggers).

Stopping Silent Killer

High-risk screening for inherited pancreatic cancer risk is now available at Hackensack University Medical Center.

The incidence of pancreatic cancer has risen significantly since 2000, especially in women younger than 55. According to the American Cancer Society, an estimated 62,210 Americans will receive a pancreatic cancer diagnosis this year alone, and nearly 50,000 people will die of the disease.

Pancreatic cancer usually doesn't cause symptoms until the disease is advanced, delaying diagnosis and resulting in a poor prognosis for the majority of patients whose tumors have grown large or spread to other organs. While it accounts for only 3 percent of all cancers in the U.S., it causes 7 percent of cancer deaths, making it one of the most lethal malignancies. Only 13% of patients are diagnosed at an early, curable stage.

Rosario Ligresti, M.D., chief of Gastroenterology at **Hackensack University Medical Center**, explains: "Pancreatic cancer is predicted to become the second-leading cause of cancer death in the world by 2030, overtaking colon cancer. We absolutely need a better way to screen for it."

Early Warning

In response, Hackensack, a National Pancreas Foundation Center of Excellence, has launched an innovative surveillance program that screens individuals who are at high risk for developing familial or hereditary pancreatic cancer. Inherited genetic syndromes account for about 10 percent of cases.

This new initiative is the first of its kind in New Jersey. Patients who are eligible will receive both an imaging test and a recently approved biomarker test that measures the immune system's response to diseases in the blood.

Biomarker testing is a way to look for genes, proteins and other substances that can provide information about cancer. Each person's cancer has a unique pattern of biomarkers.

Some biomarkers affect how certain cancer treatments work.

"Biomarker testing isn't for everyone, but for someone with a strong family history of pancreatic cancer, it can be a lifesaver," says Dr. Ligresti. "Even though this kind of testing is new, it's already been proven to find asymptomatic, early cancers in members of high-risk families."

Know the Signs

Pancreatic cancer is often called the silent killer, and with good reason: Most patients don't experience symptoms until the cancer is big enough to impact the surrounding organs. Even then, the symptoms are often vague, which is why this testing is so important.

If you experience these symptoms, talk to your doctor:

- ▶ Yellowing of the skin and eyes (called jaundice)
- ▶ Belly or back pain
- ▶ Weight loss and poor appetite
- ▶ Unexplained nausea and vomiting

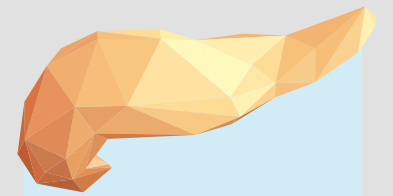
Early pancreatic cancer can also lead to conditions such as gallbladder or liver enlargement, blood clots or the new onset of diabetes. If other tests and symptoms lead to these diagnoses, and you are at elevated risk for pancreatic cancer, your doctor may want to consider pancreatic cancer as a possible cause.

A recent large study from Johns Hopkins confirmed that a clear majority of patients in a high-risk pancreas cancer surveillance program survived longer than patients who did not undergo surveillance.

"If pancreatic cancer is diagnosed while it is still localized, treatment is much more likely to be successful than if it has spread," says Dr. Ligresti. "Localized pancreatic cancer has a five-year survival rate of 42 percent, versus only 3 percent for cancer that has spread beyond the lymph nodes to other organs."

Find Out if You Qualify

If you have a family history of pancreatic cancer, speak with your doctor to see if you meet the criteria to be considered for the screening. 🧬

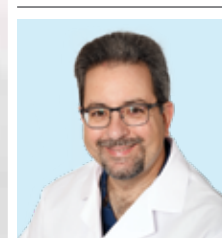


Risk Factors for Pancreatic Cancer

The average lifetime risk of non-hereditary pancreatic cancer is about 1 in 64, according to the American Cancer Society. It rises—sometimes significantly—for people with certain risk factors, including:

- ▶ Smoking
- ▶ Drinking
- ▶ Obesity (BMI 30 or more)
- ▶ Type 2 diabetes
- ▶ Chronic pancreatitis
- ▶ Regular exposure to dry cleaning and metalworking chemicals
- ▶ Older age
- ▶ Male gender
- ▶ African American race

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Go Online

For more information about early pancreatic cancer screening, call **551-795-1675**.

What's That Lump?

Here's a quick guide to the different types of lumps and what you should know about them.

No one wants to discover a lump on their body. Even though most lumps are harmless, they're not especially attractive—and sometimes they signal that something serious is at work, such as cancer.

That's one reason it's smart to see your doctor if you've recently discovered a lump. "The presence of a lump doesn't mean you're sick. In fact, most often lumps are completely harmless," says breast surgeon **Catherine Campo, D.O.** "Still, it's often the right move to check with a dermatologist or primary care doctor to make sure there's nothing to worry about." Here's a quick guide to different types of lumps and what you should know about them:

Cysts: Most forms of cysts are soft, pliable and noncancerous. Epidermoid cysts are the most common form, often appearing on the face, neck and torso, and sometimes the genitals. They range from quite small to multiple inches in width. Men are twice as likely as women to develop them. Epidermoid cysts don't become cancerous but some other rarer types may.

Lipomas: Another form of lump called a lipoma looks and acts similarly. While they appear in many of the same spots as epidermoid cysts, they also appear on arms and legs. About 1 in 100 people develops a lipoma, according to Cancer Research UK. Lipomas are not cancerous and are usually harmless.

Soft-tissue Sarcoma: The cancerous tumor called soft-tissue sarcoma can look similar to a cyst or lipoma and appear in similar places. "It can be difficult to distinguish between a sarcoma and cyst or lipoma, so if a lesion is growing, it needs to be fully evaluated by a professional," says Dr. Campo.

Breast Lumps: Because of the threat of breast cancer, one of the scariest places to discover a lump is on the breast. Even then, however, lumps are often noncancerous. Fibroadenomas, for example, are firm to the touch and can grow to be several inches wide—yet they aren't cancerous. Benign cysts can also form in the breast, where they often are easy to feel and can be as large as a few inches wide. Likewise, changes to fibrous tissue can appear as a lump on the breast. Women who detect a breast lump should see a doctor even if they suspect the lump is benign. An examination and breast imaging can reveal whether a lump may be cancerous.

"If you feel something, you don't want to take any chances," says Dr. Campo. "See your doctor right away if you discover a lump on your body. That way, doctors can act quickly if intervention is needed." ❄️

Go Online

Have you noticed a lump?
Schedule a screening today:
[HMHforU.org/Screen](https://www.hmhforu.org/Screen).



Catherine Campo, D.O.

Breast surgeon

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Tinton Falls and
Holmdel



When Your Mammogram Is Abnormal

Getting called back for follow-up after a screening mammogram can be frightening, but knowing what to expect can ease the anxiety.

It's not unusual to get called back for follow-up after a screening mammogram. It's even more likely after a first mammogram, since there are no previous films to compare your images to. Follow-ups are also needed more frequently in pre-menopausal women, who tend to have denser breasts.

Of course, it can be frightening to hear you have an abnormal screening mammogram. Knowing what to expect can help ease your anxiety.

Why a Mammogram May Be Abnormal

"There are a lot of reasons someone might be called back for additional testing after a mammogram, and most of them are not cancer," says **Renee Armour, M.D., F.A.C.S.**, director of breast surgery at **JFK University Medical Center**. "Still, it's completely understandable for women to feel worried when it happens."

Some reasons for an abnormal mammogram that are not breast cancer include:

- ▶ Suspicious areas due to the way the breast tissue is compressed during the mammogram
- ▶ Pictures that aren't clear or miss an area of the breast
- ▶ Cysts or fibroadenomas, which are almost always benign
- ▶ Benign calcifications (although some calcifications are cancerous)

What Happens After an Abnormal Mammogram?

If you have an abnormal screening mammogram, the next step is a diagnostic mammogram. A diagnostic mammogram is similar to a screening mammogram, but more images will be taken, and greater compression may be applied. Dr. Armour describes diagnostic mammograms as "taking a magnifying glass to the mammogram."

An ultrasound—which is a non-invasive test in which a wand that emits sound waves is moved over the breast—is often done in the same visit as or instead of the diagnostic mammogram. Occasionally, a breast MRI may be recommended.

You will not have to wait long for the results of the follow-up tests. In many cases, the radiologist will give you the results before you leave the imaging center.

"Some lesions are markers for future breast cancer, and there are others that are not cancerous but look similar to cancerous ones," says Dr. Armour. "That's another reason it's important to evaluate any suspicious findings. You'll want information that can help you and your doctor make decisions."

Staying on Top of Your Breast Health

Most of the time, you will get the reassuring news that there's nothing of concern and you can return to your usual mammogram schedule. Sometimes, you may be asked to return for a repeat mammogram in six months to make sure nothing changes.

If a biopsy is needed, you will be referred to a breast surgeon. Your appointment will be fast-tracked for another visit, so you can get peace of mind faster.

"Most of the time everything is fine, but if it's not, we would rather catch cancer early than later, so the follow-up is still very important," says Dr. Armour. ❄️

Schedule a mammogram near you today.



Renee Armour, M.D., F.A.C.S.

Breast surgeon

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Edison and Old Bridge



No Bones About It

Osteoporosis often develops undetected, and the first sign of a problem is when a bone breaks. Here's what you should know about bone-density tests and if you should get one.

People with diminished bone density are at greater risk of osteoporosis, a condition that results in weak, brittle bones that are especially prone to fracture.

Unfortunately, osteoporosis often develops undetected, and the first sign of a problem is when a bone breaks. That's why bone-density testing is recommended for higher-risk individuals:

- ▶ **women age 65 and older**, and
- ▶ **women ages 50–64 who have risk factors** such as a parent who has broken a hip, according to the U.S. Department of Health and Human Services.

“Bone-density tests are generally simple, painless and straightforward, and in a case where doctors are able to catch density loss early, they can make an enormous difference in a person's long-term health,” says **Todd Ryan, D.O.**, hip and knee orthopedic surgeon at **JFK University Medical Center**. “But providers are only able to make that catch if people take the time to get tested.”

How Tests Work

The most common form of a bone-density test works by scanning a person using X-ray technology to measure the presence of calcium and other minerals in the

How to Maintain Bone Density

Weight-bearing exercise such as walking and light weight-lifting can help restore and maintain bone density. If you do not regularly exercise, seek assistance from your doctor, a physical therapist or a certified athletic trainer on starting an exercise program. Calcium and vitamin D supplementation can also help. Your doctor can prescribe treatment dependent on your bone density test results.

patient's bones. Often called DEXA scans (dual-energy X-ray absorptiometry), the tests are typically conducted in radiology offices. Here's how they work:

- ▶ **Patients lie on their backs on an elevated, padded table** while a scanning machine passes over their hips and lower spine and a second X-ray device passes underneath.
- ▶ **Patients must remain still during active scanning** and may be asked to hold their breath for several seconds at a time.

The entire process lasts about 15 minutes, and the radiation risk is about the same as from a typical X-ray, according to the U.S. Centers for Disease Control

and Prevention. “DEXA scans focus on the hips and spine because those are the most likely locations for an injury related to a loss of bone density,” says Dr. Ryan. “But other areas such as forearms, hands and feet also are at risk and can be assessed using a smaller, portable scanner.”

How Tests Are Scored

The test results are reported using a system called a T-score that compares a patient's bone density to that of a healthy young adult. Scores often are reported as negative numbers, and lower numbers are better:

- ▶ **0:** Patient matched the baseline “healthy young adult” standard
 - ▶ **-1 to 0:** Patient considered healthy
 - ▶ **-2.5 to -1:** Patient considered to have low bone mass or osteopenia
 - ▶ **Below -2.5:** Patient considered to have osteoporosis
- A second score, called a Z-score, shows the patient's bone density compared to others of the same age, ethnicity and gender.

Regardless of whether someone thinks they may be affected by diminished bone density, if they are part of an at-risk group, the guidance is clear: Speak with your primary care doctor to get tested. 🦿



Todd Ryan, D.O.

Hip and knee orthopedic surgeon

800-822-8905

Edison

Go Online

Need a primary care doctor? Find one near you at [HMHforU.org/FindADoc](https://www.hmhforu.org/FindADoc).



One-Two Punch

Thanks to successful double hip replacement, **Hafiz Montgomery, 41**, can return to his active lifestyle and career as a fitness trainer.



Ahmed Siddiqi, D.O.

Orthopedic surgeon

800-822-8905

Edison and Manasquan



Ready to learn about your knee and hip health? Take our health risk assessment.

As the owner of Eze Fit Transformation Center in Brick, New Jersey, Hafiz Montgomery, 41, says being in shape is a critical part of his career and lifestyle.

But about three years ago, after his retirement from professional boxing, Hafiz started to have bothersome hip and knee pain. At first, he tried to ignore it, but it eventually became so bad that he couldn't stand, sit, bend or move without discomfort.

“I talked to my dad, who had a double hip replacement, and he said his problems started out the same way,” says Hafiz.

Severe Hip Degeneration

One of the members at Hafiz's fitness center, who happened to be an orthopedic doctor, noticed his discomfort and recommended that he come in for an office visit. Hafiz was diagnosed with osteoarthritis in both hips, which causes the cartilage that provides cushioning within the hip joints to wear away.

“I had three or four cortisone injections and platelet-rich plasma injections. Nothing helped,” he says.

Because nonsurgical treatment wasn't providing the relief Hafiz needed, his doctor recommended hip replacement surgery. Hafiz scheduled an appointment with **Ahmed Siddiqi, D.O.**, orthopedic surgeon at **JFK University Medical Center**.

“When he first came to see me, Hafiz had severe hip degeneration,” says Dr. Siddiqi. “Although he was only 41, he had the hips of an 80-year-old.”

Precision and Accuracy

Dr. Siddiqi agreed that a double hip replacement would allow Hafiz to maintain his active lifestyle.

“I perform total hip replacements using a robotic surgical system, which allows for increased accuracy and precision, leading to improved patient outcomes,” says Dr. Siddiqi.

Before the procedure, Dr. Siddiqi uploaded Hafiz's hip CT images into the system's surgical planning tool. The system then created a 3D model of Hafiz's unique anatomy, allowing Dr. Siddiqi to create a personalized surgical plan to optimize the size, placement and positioning of Hafiz's hip implants. During surgery, Dr. Siddiqi used the robotic-assisted technology to follow the detailed surgical plan to make precise cuts to preserve healthy bone and accurately place the replacement joint components.

“After surgery, I was walking around in two days and was back at work in less than a week,” says Hafiz. “I only needed pain medication for a few days, and after four weeks, it was like I never had surgery.”

'Best Decision I Ever Made'

Today, Hafiz is pain-free. With his mobility fully restored, he's back to his normal fitness and work routines.

“Now that I'm not in pain anymore, even the members at my fitness center have noticed a change in my attitude and demeanor,” says Hafiz. “The surgery certainly helped me physically, but it also helped me mentally.”

Hafiz Montgomery, a former professional boxer, is back to his normal fitness and work routines after hip-replacement surgery.

Weighing Your Options

Are you struggling with long-term weight loss? Here are a few things you might not know about weight-loss procedures.

If you're struggling with long-term weight loss—and years of diet and exercise haven't been effective—consider a permanent weight-loss solution. For many people, obesity is a hormonal, biological and metabolic problem that needs to be corrected surgically, says **Aram Elahi Jawed, M.D.**, a bariatric surgeon at **JFK University Medical Center**.

“So many people think of weight-loss procedures as a last resort, but it shouldn't be that way,” Dr. Jawed says. “We're not here to judge you; we're here to help you. We take pride in supporting our patients in lifelong weight loss.” Here are seven things you didn't know about weight-loss surgery:



Aram Elahi Jawed, M.D.
Bariatric surgeon
800-822-8905
Florham Park, Edison
and Hackettstown



Take our Health Risk Assessment to find out if you're a candidate for weight-loss surgery.

1 Nerves are completely normal. That goes for surgery as well as what comes after. “It's normal to be nervous. But I encourage my patients to change that nervous energy into excitement,” Dr. Jawed says. “Think about the much healthier lifestyle you'll have and the things you'll be able to do that you've never done before. Studies show patients have a 98 percent improvement in quality of life, and that's something to be excited about.”

2 Recovery from gastric sleeve surgery is quick. “We're usually able to get people out of the hospital within 24 hours. After that, they continue the recovery process at home,” Dr. Jawed says. Because the procedure is minimally invasive, recovery is quick and patients are back to their normal activities within a few days—and up and walking immediately after surgery.

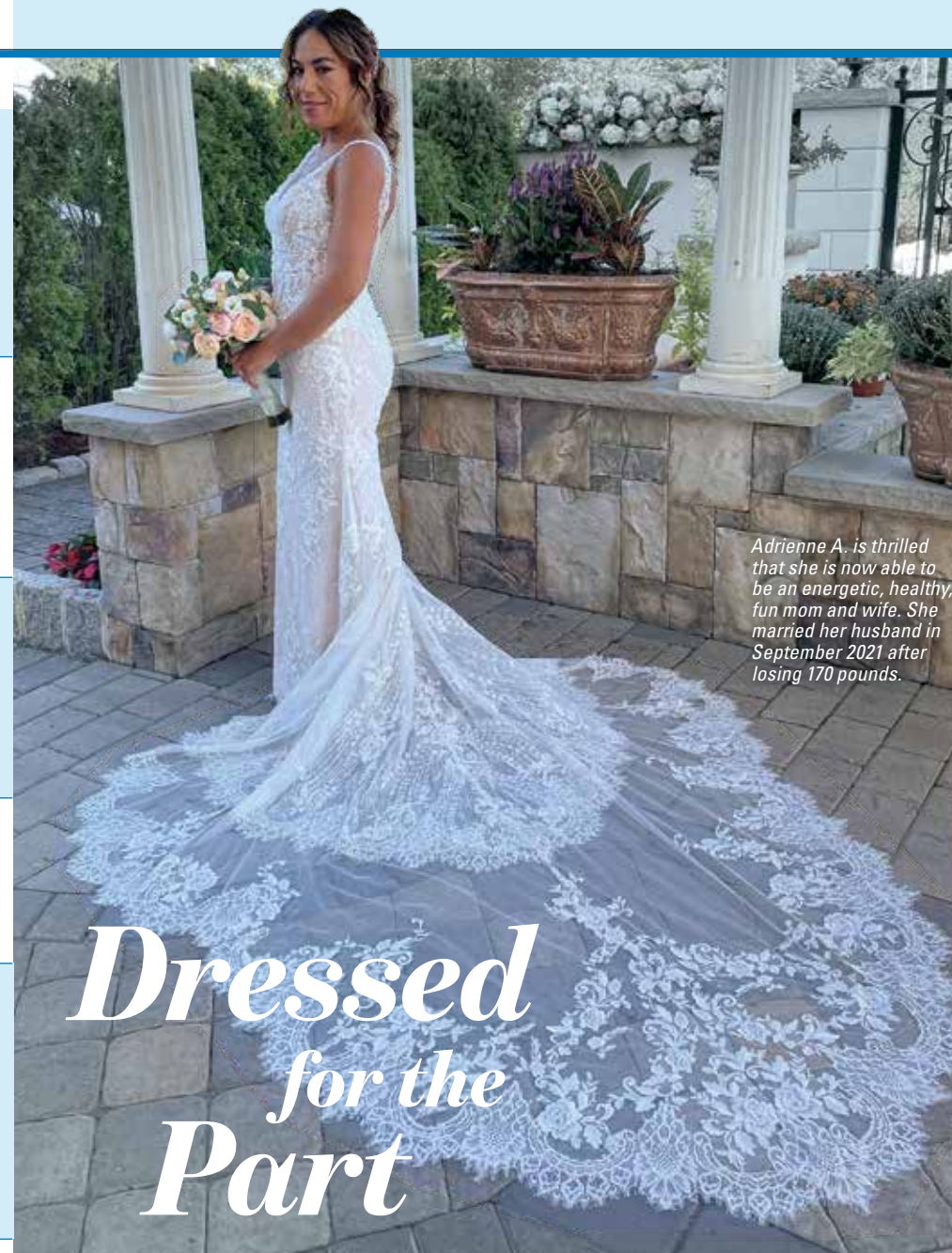
3 Pain is minimal. “The stomach itself does not have any sensation, but the incisions do cause some muscular soreness for the first five days or so after surgery,” Dr. Jawed says. “After surgery, most of my patients say they feel like they have done stomach crunches the night before.” There is no need for prolonged pain medication.

4 There is a stepwise diet progression post surgery. As the stomach heals, we introduce foods slowly, from protein shakes to soft foods to finally solid foods and a regular diet. This helps most patients lose 10 percent of their total weight following surgery.

5 You'll have a decreased capacity for food, which significantly helps portion control. Some patients also report changes in their preferred tastes and flavors; many patients no longer crave sweets. The change in appetite is as much chemical as it is physical. “Weight-loss surgery reduces appetite hormones, such as the hunger hormone ghrelin that is released by cells in the stomach that we target with surgery,” says Dr. Jawed. “So patients feel fuller by eating smaller amounts.”

6 You will not lose your hair. Many patients have heard they can lose hair after surgery. Some hair may thin during the first few months after significant weight loss. But once your metabolism levels out, hair will come back just as thick, if not thicker than before.

7 Weight loss is gradual and significant. Within the first month, you can expect to lose 10 percent of your total body weight. After that, you can expect to continuously lose 1–4 pounds per week on average, until nine months to a year. “Most metabolic weight-loss procedures will allow you to lose 70 percent or more of your total excess weight,” Dr. Jawed says. “We've seen many patients accomplish 100 percent of their excess weight.”



Adrienne A. is thrilled that she is now able to be an energetic, healthy, fun mom and wife. She married her husband in September 2021 after losing 170 pounds.

Dressed for the Part

After losing 170 pounds post weight-loss surgery, Adrienne A. had to buy a second wedding dress to fit her new frame.

Adrienne A. had high blood pressure ever since she was in high school. After she had her second child in 2014, her cardiac condition had progressed to heart failure, she had a health scare that resulted in a two-week hospital stay, and she required several daily medications to manage various health conditions.

Around this time, Adrienne reached her highest weight of nearly 300 pounds. She didn't have the energy to enjoy activities with her kids.

“I knew I had to do something, because my medications were increasing and the weight wasn't coming off,” Adrienne says.

Exploring Options for Better Health

Adrienne attended a free weight-loss surgery seminar with **Anish B. Nihalani, M.D.**, bariatric surgeon at **JFK University Medical Center**.

“When I told Dr. Nihalani that I had a heart condition, he said, ‘I think we can take care of you,’” Adrienne says.

After a consultation, Dr. Nihalani recommended a robotic sleeve gastrectomy procedure. The surgical system has several robotic arms that hold small surgical instruments and a high-definition video camera. During the procedure, the surgeon inserts the surgical instruments and camera into the body through several half-inch incisions. The camera then projects a real-time, 3D image of the surgical area onto a video screen on the surgical console, where the surgeon sits and maneuvers the robotic surgical instruments to perform the procedure.

“Enhanced 3D visualization allows us to clearly see the surgical area, and when combined with the robotic surgical system's precision and range of motion, this reduces the risk of injury to important body structures and other complications,” says Dr. Nihalani, who specializes in robotic bariatric surgery.

On October 10, 2019, Dr. Nihalani performed the procedure on Adrienne. She spent one night in the hospital and was back on her feet in just a few days. “Most bariatric surgery patients go home the next day,” Dr. Nihalani says.

A Journey, Not a Quick Fix

Within the first six months after surgery, Adrienne lost a significant amount of weight and began to feel more like herself. For the first time ever, her blood pressure decreased and she was able to stop taking her heart medications.

By the time Adrienne planned her September 2021 wedding, she had lost so much weight that she ended up buying two dresses several months apart. The first dress was a size 8/10. The second was a size 2, which she wore with confidence.

Adrienne has been maintaining her weight at around 130 pounds for several years, and she is thrilled that she is now able to be an energetic, healthy, fun mom and wife.

“Before surgery, I felt so removed from life because everything was just so exhausting, and now I have a chance to go back and live the part of life I was missing,” Adrienne says.



Anish B. Nihalani, M.D.
Bariatric surgeon
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HEART HEALTH



Signs of an Unhealthy Heart

Be on the lookout for common symptoms of heart disease.

Sometimes signs of an unhealthy heart may be overlooked or may not be obvious to you. But paying close attention is critical: Heart disease is the leading cause of death for both men and women in the U.S., according to the Centers for Disease Control and Prevention (CDC).

“Not everyone will have the same symptoms or experience all the symptoms of an unhealthy heart,” says **Sunil Khanna, M.D., FACC**, cardiologist at **JFK University Medical Center**. “Men and women may show different symptoms of heart disease—especially coronary artery disease, the most common heart disease in



Sunil Khanna, M.D., FACC
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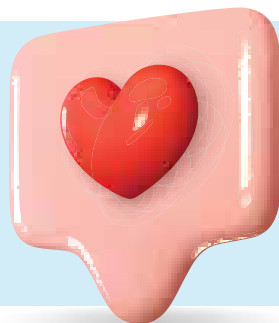
the U.S. For example, men are more likely to feel chest pain than women.”

If you experience any of these six signs of an unhealthy heart, talk to your doctor about taking a closer look:

- 1 Chest pain.** Poor blood flow to the heart can cause pain or discomfort in the chest, a condition called angina. You may feel mild discomfort, tightness, squeezing, burning sensations or sudden, severe pain. You may also feel pain in the neck, jaw, throat, abdomen or back. But chest pain can also be caused by factors not related to the heart, such as bad indigestion.
- 2 Fatigue.** Unusual or extreme tiredness can be a sign that something is amiss with the heart. In women, severe fatigue is a common symptom before experiencing a heart attack.
- 3 Heart palpitations.** You may feel your heart beating quickly or unevenly. An irregular heartbeat can be a sign of arrhythmia or other heart conditions. There are also many other reasons why you might feel a fast or uneven heartbeat, such as lifestyle factors or drugs and medications.
- 4 Pain, numbness, weakness or coldness in the arms or legs.** These sensations may occur when blood vessels in your limbs narrow, caused by coronary heart disease.
- 5 Shortness of breath.** Shortness of breath can be a symptom of several different heart conditions. It might be caused by poor blood flow, which can lead to fluid getting into the lungs.
- 6 Swelling in your legs, ankles or feet.** You may also feel swelling in your hands or abdomen. Poor blood flow can also cause blood to back up in the veins and fluid to build up in the tissues.

“If you’re not sure if your symptoms are serious, it’s best to err on the side of caution and have it checked out,” Dr. Khanna says. “That’s especially true if you have certain risk factors, such as diabetes, high blood pressure, high cholesterol or obesity.”

iStock.com/DrAfter123/layritten



Know Your Risk

Knowing your risk of heart disease can go a long way toward prevention. Screenings such as AngioScreen® and CT Calcium Scoring scans are two options offered at various locations throughout Hackensack Meridian Health. These non-invasive screenings will help identify your risk for heart disease and stroke, so you can take charge of a heart-healthy life.

Learn more at [HMHforU.org/ScheduleAngioscreen](https://www.hmhforu.org/ScheduleAngioscreen).



After emergency surgery to repair an aortic dissection, Tony Soto isn't expected to have related future problems.

A Hearty Scare



When Tony Soto faced a potentially fatal heart condition, coordinated care and quick action saved his life.

In spring 2022, Tony Soto, 53, started feeling crummy. A heartburn sensation hit the South Amboy, New Jersey, man so hard he couldn't even lie down. “I slept upright in a beach chair all week,” he says. The burn got so bad that he drove himself to the emergency department at **JFK University Medical Center**.

Doctors gave Tony the full workup, including an EKG, X-rays and a CAT scan. He received somber news: He had an aortic dissection, a tear in the major artery that carries blood out of the heart. “Blood can tear in between the layers of the vessel wall, which can cause decreased blood flow to the major organs or acute rupture or bleeding,” says **Deepak Singh, M.D.**, cardiothoracic surgeon at **Jersey Shore University Medical Center** who oversaw Tony's care. “This condition is universally fatal if not treated.”

Tony was told that he'd need surgery. “I asked if I need to make an appointment and was told, ‘No, this needs to happen right now.’”

No Time to Waste

Advanced cardiac procedures to treat the most complex heart conditions are performed at hospitals with comprehensive cardiac programs. Experts from **Hackensack University Medical Center** and Jersey Shore see patients at JFK for comprehensive evaluation and treatment planning, all in coordination with their local physicians. So after being seen at JFK, Tony was taken by ambulance to the intensive care unit at Jersey Shore. As the team was being assembled, Dr. Singh met Tony and explained the serious nature of the surgery. “This is a significant

procedure that carries a high mortality rate, so I told him it was important that he see his wife and daughter before he went into the operating room,” Dr. Singh says.

Adds Tony: “Everything happened so fast, and I can remember my wife crying, telling me I have to come back, and that my sister was on the phone praying for me. The next thing I knew, they were wheeling me down the hall.”

Dr. Singh and the team worked quickly and carefully. “We were able to repair the aortic valve as well as replace all the vessels at the base of his neck that supply blood to both sides of his brain and both arms,” Dr. Singh says. The team used an innovative technique called deep hypothermic circulatory arrest, or cold circulatory arrest, to repair some of the vessels.

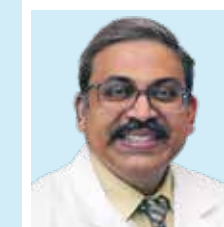
“When the brain is deprived of blood, brain damage happens within 3–4 minutes at a normal body temperature,” Dr. Singh explains. The brain can survive for much longer if the body is cooled to below 64 degrees. “With cold circulatory arrest, we can stop all blood flow to the entire body, protecting the brain while giving us a bloodless field. We have about 40 minutes to repair the vessels and reestablish blood flow, so we have to work very efficiently,” he says.

A Quicker Recovery

Following the eight-hour surgery, Tony spent five days in the hospital before being discharged home. “Typically, patients stay at least nine or 10 days,” says Dr. Singh. But Tony healed well and quickly because of the team's excellent technique.

“Tony shouldn't have any problems in the future,” Dr. Singh says. “He'll have one or two more CAT scans, then he'll be good to go for the rest of his life.”

Adds Tony: “I am so thankful for everyone for not giving up on me and saving my life.”



Deepak Singh, M.D.
Cardiothoracic surgeon
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Neptune

No Stone Unturned

Is it possible to pass a kidney stone without surgery or medical intervention?

As uncomfortable as they are, kidney stones are a common condition. One in every 11 individuals in the U.S. will experience kidney stones at some point in their life.

The good news is, you may not need surgery or a procedure to treat a kidney stone.

“Kidney stones—a hard piece of material formed as a result of mineral build-up in your kidneys—sometimes can pass on their own,” says **Neil Sherman, M.D.**, urologist at **JFK University Medical Center, Old Bridge**

Medical Center and Raritan Bay Medical Center. “Some smaller stones can pass through the urinary tract without any trouble.”

When to Seek Treatment

Larger kidney stones—from the size of a pencil eraser to more than 1 inch wide—can get stuck in the urinary tract. When this happens, the flow of urine is blocked. This leads to swelling of the blocked kidney, and it may

cause a lot of pain. These kidney stones may need to be removed by a health care professional such as a urologist.

If a kidney stone can't pass on its own, you may need a procedure to break up and remove the stone. Two common kidney stone procedures are external shockwave therapy and inserting a scope into the urinary tract.

Seek medical help immediately if you experience any of these symptoms:

- ▶ Pain or difficulty urinating
- ▶ Blood or discoloration in your urine
- ▶ Fever and chills
- ▶ Nausea and vomiting
- ▶ Severe pain in your back, side, lower belly or groin
- ▶ Pain that doesn't go away

The right treatment method depends on the type, size and location of the kidney stone. Blood or urine tests, X-rays and CT scans can help your doctor determine the size and location of your stone, its chemical makeup and how best to treat it.

Kidney Stone Prevention

Like with many conditions, prevention is best.

“The number one cause of kidney stones is dehydration,” Dr. Sherman says. “To prevent most kidney stones, drinking plenty of fluids is enough to flush away minerals that build up and form stones.”

Most adults should drink six to eight 8-ounce glasses of water per day—more in the summer months, in warmer climates or with higher levels of activity when there's a greater risk of dehydration. You're more likely to experience kidney stones if you have high levels of some minerals in your body.

“Especially if you've experienced kidney stones before, it's important to maintain these healthy habits to prevent future occurrences,” says Dr. Sherman. ❄️



Hackensack Meridian Children's Health Ranked Among the Top

The pediatric nephrology programs at **Joseph M. Sanzari Children's Hospital** and **K. Hovnanian Children's Hospital** have earned a national top 50 ranking in one of the 10 specialties ranked in the *U.S. News & World Report* 2022–2023 Best Children's Hospital Report.

Learn more at [HMHforU.org/BestChildrens](https://www.HMHforU.org/BestChildrens).



Neil Sherman, M.D.
Urologist
800-822-8905
Edison and Old Bridge

Expanding Kidney Care for Kids

There is a growing epidemic of kidney stones in children, especially teens. “Calcium kidney stones, which are common in adults, appear to be the most common in children,” Dr. Sherman says. “Stone risk for children seems to be associated with poor hydration, high salt diets and sedentary lifestyles.”

Partially in response to this trend, Hackensack Meridian Children's Health launched a second pediatric nephrology and urology clinic to care for children diagnosed with kidney conditions including kidney stones. The new Pediatric Nephrology and Urology Clinic at **Joseph M. Sanzari Children's Hospital** joins the existing clinic at **K. Hovnanian Children's Hospital**.

Learn more at [HMHforU.org/PedsKidney](https://www.HMHforU.org/PedsKidney).

Tips to Prevent Kidney Stones

Got kidney stones? Take these steps to keep them from coming back.



Eat a Better Diet

Common dietary changes shown to be effective for reducing kidney stone risk include:

- ▶ Drinking lots of water (generally 6–8 glasses daily)
- ▶ Eating less animal protein
- ▶ Limiting your salt intake
- ▶ Eating fewer high-oxalate (a chemical that can cause kidney stones) foods including beets, nuts, potatoes, soy products and spinach



Lose Weight

Obesity is known to raise kidney stone risk, so achieving and maintaining a healthy weight may help lower your chance of having another kidney stone.



Take Daily Medication

If your doctor prescribes medication to reduce your risk of kidney stones, take regularly as directed. The type of medication depends on what your kidney stones are made of.

Dementia and Alzheimer's: What's the Difference?

Our doctor clears up common misperceptions around dementia and Alzheimer's disease.

Many people who are caring for an aging relative struggle to understand the key signs and differences of Alzheimer's disease and other forms of dementia, which can prevent patients from getting proper treatment. **Nanditha Krishnamsetty, M.D.**, psychiatrist at **Old Bridge Medical Center** and **Raritan Bay Medical Center**, breaks it down.

Dementia	Alzheimer's disease
Umbrella term for several conditions that affect memory	Condition that falls under the dementia umbrella
Multiple types of dementia	One specific type of dementia
Group of symptoms, not a disease	Disease causing dementia to occur
Some causes are reversible or temporary	Nonreversible

What Is Dementia?

Dementia refers to a group of symptoms that impact memory, communication and daily activity performance.

"Symptoms of dementia can begin with episodes of forgetfulness or getting lost in familiar settings. Confusion and forgetfulness can grow as dementia progresses," Dr. Krishnamsetty says. "Asking questions repeatedly, poor decision-making, withdrawal from social activities and changes in behavior can also be symptoms of dementia."

There is no single test to diagnose dementia. "Through a collection of tests and analyses, including a medical history evaluation, a physical examination and neurological testing, we can determine if a patient has dementia. However, because the symptoms and brain changes among various types of dementia can overlap, determining the exact type of dementia is more challenging," Dr. Krishnamsetty says.

Types of dementia can include Lewy body dementia, vascular dementia, Parkinson's disease dementia, Huntington's disease and Alzheimer's disease.

What Is Alzheimer's disease?

Alzheimer's is the most common cause of dementia, accounting for about 60–80 percent of dementia cases. It is believed to occur when there are high levels of proteins in the brain preventing nerve cells from connecting. This leads to brain tissue loss and brain cell death, slowly causing impairment in memory and cognitive function.

With Alzheimer's, patients may experience apathy, depression, disorientation and behavioral changes, and have a hard time speaking, swallowing, walking and recalling recent events or conversations.

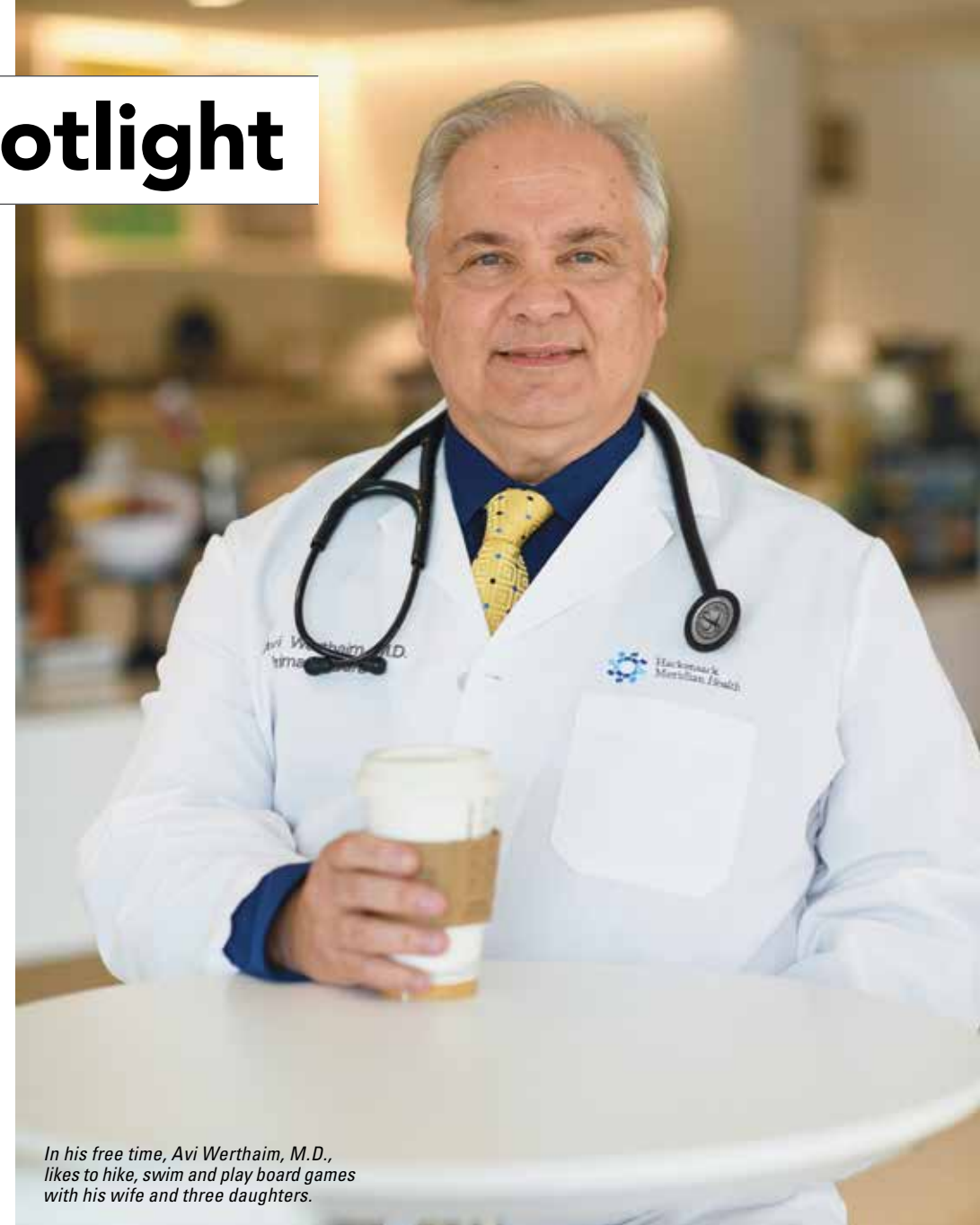
"There is not one test to identify if a patient has Alzheimer's," says Dr. Krishnamsetty. "A team of experts work together to identify signals of Alzheimer's. Brain imaging and scans, neurological exams, cognitive testing and physical evaluations are part of the process."

Although there is no cure for Alzheimer's, finding the right treatment plan can relieve symptoms and improve a patient's quality of life. "As each patient is different, their care plan will be unique to their needs," Dr. Krishnamsetty says. 🌟



Nanditha Krishnamsetty, M.D.
Psychiatrist
800-822-8905
Old Bridge

Doctor Spotlight



AVI WERTHAIM, M.D.
Internal medicine
Cranbury Road Primary Care in East Brunswick

Ofer "Avi" Werthaim, M.D., embraces the belief that it's better to take care of a small problem before it becomes a big one. That's one of the reasons the primary care physician is especially well-suited for internal medicine, which focuses on both preventive care and treating patients' ailments from head to toe.

"I always wanted to know a little bit about a lot of things instead of knowing a lot about a narrower specialty," says Dr. Werthaim, who has practiced medicine for 31 years and treats adults at Cranbury Road Primary Care in East Brunswick. "I wanted to be more well-rounded."

Born in Tel Aviv, Israel, and a longtime New Jersey resident, the father of three enjoys hiking, swimming and board games with his wife and three daughters. He also relishes the chance to interact with colleagues at medical conferences and recently ticked off a bucket-list goal by attending an Elton John concert.

What inspired you to become a doctor?

I always loved the sciences growing up. I realized that, if given the chance to improve other people's lives, I would jump on that opportunity and pursue a career in medicine. It wasn't always easy, and there were certainly bumps

along the road. But with hard work, I persevered. I am so very grateful and fortunate for the career path I have chosen and would never change it in a million years.

You speak three languages: English, Hebrew and Spanish. How does this enhance your ability to help your patients?

I learned Spanish during my four years in medical school in Guadalajara, Mexico. I would never have imagined that I'd still be fluent in it 38 years later and using it to interact with patients. But a significant portion of the population speaks

Spanish as its primary language, and speaking it allows me to really connect with them. It makes these patients more comfortable knowing I understand what they're saying to me.

What's your favorite part of your job?

I love the one-on-one contact and getting to know patients over many years. Over the past 28 years, I've seen some of my patients in East Brunswick have children and grandchildren. I know their likes and dislikes. When they're more comfortable, they're more apt to be honest with me, and I can do everything in my power to help them. That continuity of care is so important. 🌟

In his free time, Avi Werthaim, M.D., likes to hike, swim and play board games with his wife and three daughters.



We offer a number of programs to help keep our communities healthy. Topics range from general wellness to heart health, stroke, cancer care, women's health and more. View some featured events below.

For a full listing or to register, visit HMHforU.org/Events or call 800-560-9990.

SchedUle

Here are just a few of the events & classes October 2022 through January 2023.

Special Events

November Is Diabetes Awareness Month

Diabetes Awareness Day Join us for an informational session on diabetes. Topics will include: Foot Care for Diabetics with Charles G. Marchese, M.D., and All About Diabetes with a certified diabetic educator. Health screenings, educational information and a light lunch will be provided. Registration is required.

Nov. 9, 11 a.m.–1 p.m., Bayshore Medical Center, Conf. A & B



Cooking for a Healthy Heart!

Join our chef and registered dietician for this virtual cooking program and learn little things you can do while cooking to make your heart healthier.

Jan. 12, 11 a.m.–noon, virtual event

Behavioral Health

Dealing With Stress During the Holidays

Do the holidays make you stressed and feel blue? The holidays can be full of joy, but for some, it brings on added stress, depression and other challenges. Join our behavioral health specialist who will provide information and support to attendees to explore improved coping skills during this season.

Nov. 30, 7–8 p.m., virtual event

► **Winter Blues** With all the hustle and bustle of the holidays ending, are you finding it hard to cope? Join Lisa Sussman, PsyD., as she gives tips on how to manage the winter blues.

Jan. 10, 6–7 p.m., virtual event



Diabetes

Prediabetes Join our certified diabetes educator, and learn all you need to know about diabetes and what to do if you have been diagnosed with prediabetes.

Dec. 8, 11 a.m.–noon, virtual event

Jersey Shore University Medical Center and K. Hovnanian Children's Hospital
1945 Route 33
Neptune

JFK University Medical Center
65 James St.
Edison

Ocean University Medical Center
425 Jack Martin Blvd., Brick

Old Bridge Medical Center
1 Hospital Plaza
Old Bridge

Raritan Bay Medical Center
530 New Brunswick Ave.
Perth Amboy

Riverview Medical Center
1 Riverview Plaza
Red Bank

Southern Ocean Medical Center
1140 Route 72 West
Manahawkin

HOSPITAL LOCATIONS



Heart Health

Angioscreen® Learn your risk for heart attack and stroke. Includes carotid artery ultrasound, heart rhythm, blood pressure and screening for abdominal aortic aneurysm and peripheral artery disease (PAD). Receive a color report of your findings, educational material and a consultation with a registered nurse. Special rate: \$49.95. Registration required.

Call for dates, times and locations.

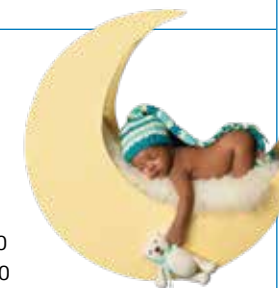
► **Living with Heart Failure Webinar** Nov. 16, 11 a.m.–noon, virtual event

Pediatrics

Parent/Guardian Talks Helping Babies and Kids Sleep Better

Join Pakkay Ngai, M.D., Stacey D. Elkhathib Smidt, M.D., and Chee Chun Tan, M.D., to learn if sleep training is right for your child, how to recognize sleep regression, and best practices to help your baby, toddler and child sleep better.

Nov. 17, 6:30–7:30 p.m., virtual event



► **Healthy Weight: Healthy Lifestyle** Join Michelle Maresca, M.D., and Marianna Nicoletta-Gentile, D.O., as they discuss weight management, healthy eating habits and how to support your children. Jan. 26, 12:30–1:30 p.m., virtual event

► **Safe Sitter** Babysitter training for boys and girls ages 11–14. Fee: \$40. Virtual event. Visit HMHforU.org/Events for upcoming dates.

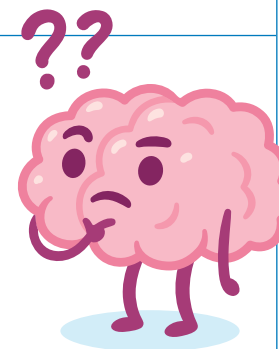
► **Safe at Home by Safe Sitter** For students in grades 4–6. Fee: \$15. Virtual event. Visit HMHforU.org/Events for upcoming dates.

Neuroscience

Memory and Alzheimer's Disease

Learn the signs of memory loss, what is normal during the aging process and what you need to know about Alzheimer's disease.

Nov. 17, 11 a.m.–noon, virtual event



Cancer Care

Fresh Start Smoking Cessation This four-session program is available to help you quit smoking. Attendance is required at all four sessions.

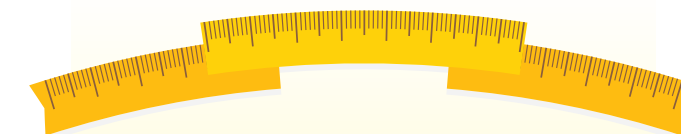
Nov. 4, 14, 18 & 21; Dec. 2, 5, 9 & 12; Jan. 6, 9, 13 & 16, 10–11 a.m., Riverview Rechnitz Conference Center

Oct. 25 & 27 and Nov. 1 & 3, 6–7:30 p.m., Ocean University Medical Center, East Wing Conference Center Room B

► **Stop Smoking With Hypnosis** Fee \$30, Nov. 9 and Jan. 11, 7–8 p.m., virtual event

► **Lung Cancer: All That You Need to Know** Speaker: Thomas Bauer, M.D., Nov. 9, noon–1 p.m., virtual event

► **Colon Cancer Awareness** Speaker: Nathaniel J. Holmes, M.D., Nov. 16, 11 a.m.–noon, virtual event



General Wellness

Weight-loss Surgery To learn more about weight-loss surgery, attend a free seminar. To find a seminar near you, visit HMHforU.org/WeightLoss.

► **Weight Loss With Hypnosis** Fee: \$30. Dec. 14, 7–8 p.m., virtual event

► **Support Groups** Hackensack Meridian Health offers regular support group meetings. Learn more at HMHforU.org/SupportGroups.



The Gift of Gab

Speech therapists Jessica Sharon and Lindsay Shields went out of their way to help Jules Rydarowski stay in touch with his large family (pictured here) during his hospital stay.

The Rydarowski family funds technology for hospitalized patients to communicate with loved ones.

Julian (Jules) Rydarowski was recovering from heart surgery at home in the early days of the pandemic when his son, Joe Rydarowski, noticed Jules seemed confused. When he couldn't answer simple questions, it became clear something was very wrong. Knowing that hospitals were closed to visitors, and this might be the last time they could see him, Joe asked his sister, Susan Gwiazda, to join him at their father's house. Later that day, Jules was admitted to **JFK University Medical Center** after being diagnosed with a stroke.

"That was the last time we were in the same room as him until the day he passed," Joe says.

During the six weeks that Jules—a 90-year-old retired pharmacist and lifelong New Jersey resident—was in the hospital, his speech therapists, Jessica Sharon and Lindsay Shields, went out of their way to help him stay in touch with Joe, Susan and the rest of the large extended Rydarowski family.

Because Jules had a hearing impairment and his stroke left him with cognitive difficulties, simply picking up the landline in his room was not an

option. Instead, Jessica and Lindsay brought him a tablet from the hospital's supply or loaned their personal cell phones to help him video chat with his family.

"The grandkids made a banner for him to see from his fourth-floor window, and Jessica and Lindsay brought him to the window so he could see it," Susan says. "Later, when he was moved to the first floor, we would talk to him on their cell phones while we stood outside his window."

Adds Joe: "They were so good to him with helping him communicate with us, and we would have gone out of our minds if we couldn't talk to him. He couldn't understand why we couldn't come see him, so being able to video chat with him helped us cope with his long hospitalization."

In lieu of flowers at Jules' funeral, Joe and Susan took up a collection to help the **JFK Johnson Rehabilitation Institute's** Department of Speech Pathology and Audiology

purchase additional technology to allow patients recovering from strokes and other conditions to communicate with family members.

"This generous donation will go toward technology that is useful not just for communication with families, but also rehabilitation and therapy. These laptops and other devices will help speech therapists connect patients with the outside world, which is so important," says Greg Jones, director of development for JFK University Medical Center Foundation. "The Rydarowskis were a joy to work with. They wanted to make a specific impact because they were so thankful for the connection between them, their speech therapists and their beloved father." 🌟

Fundraise in your community for your community, and support a hospital or health care cause important to you. Start your virtual fundraiser today.



Put Yourself First

It's never too late to prioritize healthy lifestyle changes. Here are five things women need to do today to stay healthy tomorrow.

1 Sleep Well

On average, adult women need between **7 and 9** hours of sleep each night.

Establish a calming nighttime routine to help wind down:

- ▶ Meditate.
- ▶ Take a warm bath.
- ▶ Read a book.

2 Get Screened

Stay up to date on screenings, including:

- ▶ Pap smears
- ▶ Mammograms
- ▶ Bone density screening
- ▶ Cholesterol check
- ▶ Blood pressure screening
- ▶ Colon cancer screening

3 Get Active

Incorporate at least **30** minutes of exercise into your daily routine.

If you're struggling to get motivated, make it simple:

- ▶ Take the stairs instead of the elevator at work.
- ▶ Take the dog for a walk around your neighborhood.
- ▶ Do a quick home workout between commercials on TV.

4 Eat More Fruits and Veggies

Only **1 in 10** adults get enough fruits and vegetables in their diet.

Aim for **1.5–2** cups of fruit and **2–3** cups of vegetables each day.

5 Stay Connected

Staying connected to friends and family can help you:

- ▶ Sharpen your memory and cognitive skills
- ▶ Stave off feelings of loneliness
- ▶ Increase your quality of life

Go Online

Learn how our women's health team can support you at every stage in your life: [HMHforU.org/WomensHealth](https://www.hmhforu.org/WomensHealth).



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Make an Appointment Today

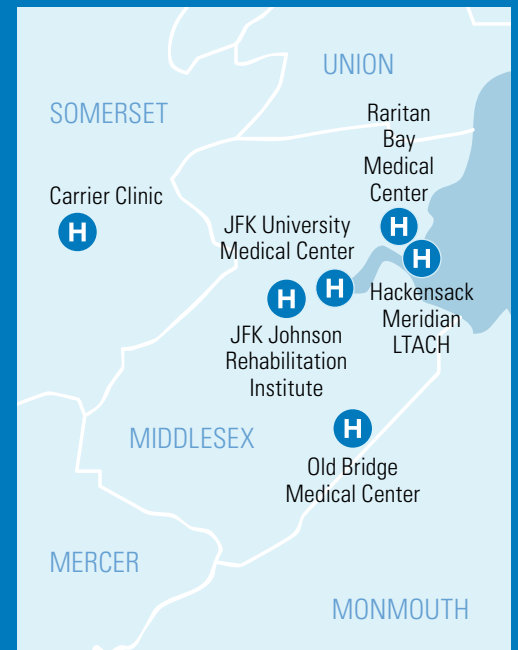
Scheduling an appointment has never been simpler or faster. You can now make an appointment on the go, any time of day, through online scheduling.

Scan the QR code to get started.



As the state's largest, most comprehensive health network, Hackensack Meridian Health is made up of 7,000 physicians, 18 hospitals and more than 500 locations.

Our hospitals near you:



For a complete listing of our hospitals, services and locations, visit [HMHforU.org/Locations](https://www.hmhforu.org/locations).



Hackensack
Meridian Health

KEEP GETTING BETTER

We Are Hiring!

We are looking for individuals who are passionate about health care to join our growing team, where great benefits, robust learning and development programs, and more perks are offered. Both clinical and nonclinical positions are open in our health care facilities throughout New Jersey.

See open positions at [HMHforU.org/Jobs](https://www.hmhforu.org/jobs).