

# NORTHWELL CONNECTIONS

VOLUME 2, 2024

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100 times  
better"**

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— solved!**

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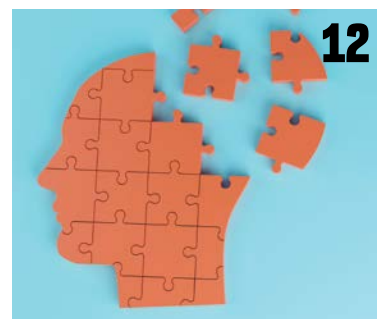


**Northwell**<sup>SM</sup>  
Mather Hospital



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## CONNECTIONS

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# News & notes



In September, Arif Ahmad, MD (right), and Kevin McGeachy, SVP, and president of Mather Hospital, celebrated a bariatric milestone.

## 10,000 lives transformed!

Talk about a major milestone: The Center of Excellence in Metabolic and Bariatric Surgery at Northwell's Mather Hospital recently performed its 10,000th bariatric surgery. The hospital offers a variety of weight loss solutions to meet the needs of patients — from medications to surgery, including gastric bypass, gastric band and sleeve gastrectomy. Other nonsurgical options are also available, such as the intragastric balloon, a soft balloon that's inserted into the stomach and inflated, helping limit food intake.

"We are so pleased to be able to transform 10,000 lives with impeccable results and expert, compassionate care," says the center's director, Arif Ahmad, MD. "It's not just about the number — we take a personal interest in each of our patients. Our outstanding results in terms of safety and success have earned us the recognition of multiple organizations that assess quality, such as Healthgrades and others."



Dr. Ahmad has been performing bariatric surgeries for 25 years and founded Mather's bariatrics program in 2004. For more information about the program, scan the QR code.



## CONGRATS AND KUDOS

A sampling of awards and accomplishments

For the 21st time, Northwell's Mather Hospital earned a top "A" rating for its commitment to patient safety from the Leapfrog Group for fall 2024. Leapfrog uses up to 30 performance measures to grade hospitals on their overall performance in keeping patients safe from preventable harm and medical errors.



Healthgrades, one of the leading resources consumers use when choosing a hospital or doctor, named Mather Hospital among **America's 100 Best Hospitals for Pulmonary Care and America's 100 Best Hospitals for Coronary Intervention**. The hospital also received four Specialty Excellence Awards, placing the hospital among the nation's top 10% for critical care, gastrointestinal care, coronary intervention and pulmonary care.

Mather Hospital has achieved a **Level 1 Gold designation for emergency department geriatric care** from the American College of Emergency Physicians, making it the only hospital in Suffolk County to achieve this status.



**"It's very difficult to practice evidence-based medicine if there's no evidence to base the medicine on."**

— Northwell physical medicine and rehabilitation doctor — and athlete — Amy West, MD, who is **leading a study on injuries in women athletes**. Only 6% of sports injury research currently focuses on women, a shortfall she aims to remedy.



# News & notes

## Think pink — and schedule that mammo

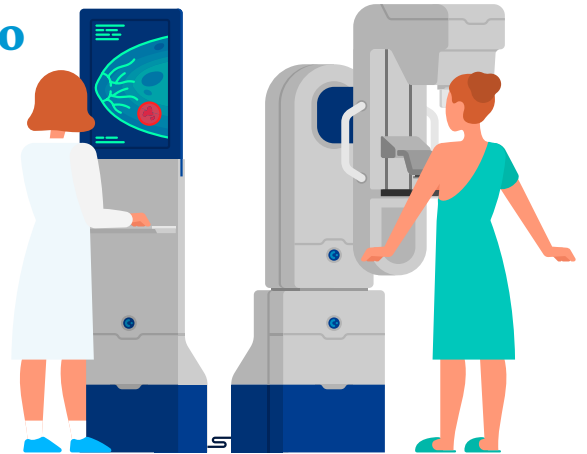


Breast cancer mortality rates have dropped by 44% since 1989, and the Port Jefferson community has been doing its part to help: For the

10th year in a row, Mather Hospital's Fortunato Breast Health Center joined the fight to raise funds and awareness during October with a "Paint Port Pink" campaign. Pumpkins, banners, lights and Port Jefferson area shop windows all sported the signature color as a reminder to women to get their mammogram when they're due — no matter what time of the year.



Scan the QR code for more information or to make an appointment at the Fortunato Breast Health Center.



## Outpatient behavioral health facility addresses growing need

The statistics are stark: More than 53 million Americans are living with mental illness. Suicide is the second leading cause of death among people aged 10-14 and the 12th leading cause of death overall in the U.S. Upwards of 2.5 million Americans have been diagnosed with an opioid use disorder.

In response to the growing need, Mather Hospital purchased the building at 100 Highlands Boulevard and is expanding behavioral health services to include a Rapid Access Center, due to open in early 2025. The center will be a "no wrong door" facility, which will help patients navigate through and be connected with the services they need. Services include medication-assisted therapy, adolescent and adult partial hospital programs and treatment for gambling addiction and eating disorders.

"This facility, born from the collective will of government, health care providers and generous philanthropists, stands as proof that together, we can make a difference," says Erin Dainer, MD, chair of the department of psychiatry for Mather Hospital, recognizing the more than \$9 million in grants and donations that funded the purchase. "Within these walls, lives will be transformed."

The new center is a symbol of Mather's commitment to the community that no one gets left behind, says Denise Driscoll, NP, assistant vice president for behavioral health at the hospital. "It's a beacon of hope for those living with mental illness and substance abuse that recovery and a life well-lived is possible."

## Ostomy clinic helps patients thrive

A variety of ailments — including colorectal and bladder cancer and inflammatory bowel disease — can lead to the need for an ostomy, a surgical procedure that creates an opening in the abdominal wall for waste to exit and be collected in an ostomy bag. It's a lot for patients to get used to and can cause complications or embarrassment. But Mather Medical Group's new ostomy clinic can provide much-needed support. Headed by surgical nurse practitioner Lisa Pereira, MSN, AGNP-C, CWON-AP, it provides patients with the skills and confidence needed to take care of their ostomies in comfort. "Care at the clinic is holistic," says Pereira. "Our staff considers the patient's physical and emotional well-being at every appointment."

Scan the QR code for more information or call 631-505-5617 for an appointment.





### 3 QUESTIONS FOR...

## Deborah M. Ushkow, MD

The new director of pulmonology on the joy of working in the community where she lives and why walking pneumonia should be on your radar



**Q: Which conditions do you treat as a pulmonary specialist?**

In the office, we take care of patients with common pulmonary problems, like asthma and chronic obstructive pulmonary disease. We also care for patients with cancer, lung scarring, nodules and spots, and trouble associated with other medical conditions. Shortness of breath and cough are the most common complaints we hear.

At this time of year, we see lots of respiratory flu cases. COVID also still causes respiratory problems, especially in people with underlying pulmonary issues.

And walking pneumonia is the kind of illness that can sneak up on people. It's basically a mild form of pneumonia that can make you feel sick, but generally not to the degree of a typical pneumonia. You might not feel "right" but may continue to go to school or work until it gets worse and requires treatment. If you have unexplained, lingering symptoms, you should seek medical attention.

In the hospital, we take care of patients with more acute issues, like pneumonia, excess lung fluid or cancer.

**Q: Can you share some of the recent exciting advances in pulmonary medicine?**

We now have drugs known as biologics, which work differently to block certain types of asthma than a lot of other medications. They afford some patients a better quality of life that allows them to use less medication, particularly steroids.

CT screening for early lung cancer detection is also an important advancement, though it's under-recognized and underutilized. This test is for people who currently smoke or have smoked in the past, and it can help us diagnose cancer in its early stages, when it's more treatable.

**Q: What do you love most about being a pulmonologist at Mather?**

I started at Mather in September but I've been a pulmonologist for 26 years, and I'm fortunate in that I picked a career I like. I enjoy the variety of patients that I get to see outside and inside of the hospital.

Outside of the hospital, I can quickly fix short-term problems. For longer-term issues, I can help improve my patients' quality of life over the course of their life. I love that.

I also like managing more acutely ill patients in the hospital. Patients who require critical care often have pulmonary issues, and I find it gratifying to help them.

Mather is a great place for me to be. I get to serve people in my local community. It's filled with dedicated, hardworking people.

Being the department director gives me the ability to make some positive changes, with the help of people around me. I think there's room for growth within the pulmonary department, which is really exciting for me.

*"I love that I can improve my patients' quality of life."*

— Deborah M. Ushkow, MD



Scan the QR code for more info or call 631-430-5542 to make an appointment.









# “I feel 100 times better”

**After more than a year of mysterious pelvic pain, an easy outpatient surgery gave Lauren Esposito sweet relief**

**P**ressure. Heaviness. Stabbing pains. For more than a year, Lauren Esposito wondered what the heck was wrong with her. The 40-year-old mother of two young daughters had tried ignoring her persistent pelvic pain, but it was severely affecting almost every aspect of her life.

“It would get worse and worse as the day went on, and by night I wasn’t even able to bend over and pick up toys for my four-year-old,” says Esposito, who would arrive at home exhausted and in pain after a day spent teaching kindergarten. “I’d need to go lie down, and that’s not exactly something you can do when you’re a parent.”

By the time Esposito met with Mohammad Bilal, MD, medical director of vascular and interventional radiology at Northwell’s Mather Hospital in November 2023, she’d spent months in a frustrating quest for a diagnosis, undergoing a battery of tests that included multiple MRIs and CT scans, a colonoscopy, several transvaginal ultrasounds and a cystoscopy — an exam that involves sending a scope into the bladder through the urethra. She was scheduled for a laparoscopy to determine if fibroids or endometriosis might be the cause of her pain, but couldn’t shake the feeling that the descriptions of those conditions didn’t match her experience.

“At this point I was so emotional, I was crying in the office. I had all these things done and still there was nothing conclusive,” says Esposito. “I told Dr. Bilal, ‘I just need an answer.’”

That appointment changed everything, she says. “Dr. Bilal was so calm and had such a great bedside manner. Right away I felt like he was really going to get to the bottom of it.” Reviewing



the scans, Dr. Bilal saw indications of bulging veins in her pelvis — signs of a disorder known as pelvic venous insufficiency (PVI) or pelvic congestion syndrome. The condition, which primarily affects women between the ages of 20 and 50 who've borne at least one child, is one of the most common causes of chronic pelvic pain, but is often missed or misdiagnosed by doctors.

"I left the office feeling like I was getting somewhere," Esposito says. After sending Esposito for additional imaging, Dr. Bilal called with answers: She did have PVI, and it was treatable. In fact, the therapy he proposed sounded remarkably easy. Pelvic vein embolization could be performed on an outpatient basis with minimal recovery time.

Esposito was finally on the road to relief.

## A PROCESS OF ELIMINATION

When Esposito first began noticing symptoms a couple of years after the birth of her second child, the notion that there might be something wrong with her veins never occurred to her. All she knew was that what started as a feeling of pressure and heaviness in her lower abdomen soon escalated to a constant ache accompanied by sharp stabs of pain when she made certain twisting movements.

Those aches and pains were caused by weakened pelvic veins that were wider and more twisted than they should be. Blood normally flows from pelvic veins toward the heart, says Dr. Bilal, with valves in the vessels keeping it moving in the right direction. "But in patients with PVI, either the valves aren't working or are absent in the first place," he says. As a result, blood pools in the veins and can take longer than normal to circulate out of the pelvis, both of which can trigger pain. The discomfort can be particularly bad at the end of the day, after sitting or standing for a long time, or during or after intercourse.

Diagnosing PVI is a process of

**"For more than 90% of women with PVI, a single embolization treatment is enough to vanquish symptoms or reduce them substantially."**

— Mohammad Bilal, MD



elimination, because symptoms overlap with those of many other conditions, Dr. Bilal says. "For example, patients with a sensation of bladder urgency or bladder spasming may think they have a urinary tract infection or some abnormality of the bladder, but the workup comes up negative. That's because it's really PVI, and the enlarged pelvic veins are wrapped underneath the floor of the bladder."

The difficulty in identifying PVI means many women suffer for years before getting help. "The downstream impact can be emotional distress, because you're talking about something that can affect intimacy and relationships," Dr. Bilal says.

To help guide treatment, Dr. Bilal ordered an MRI of Esposito's pelvis, along with dynamic pelvic venography, which involves injecting dye into the veins and scanning the area of interest. "It's like playing a little movie loop of your veins as the dye goes through, showing me how the blood flows," Dr. Bilal says. Armed with that information, he was ready to perform the procedure that would relieve Esposito's pain.

## A SURGERY TO REROUTE BLOOD FLOW

The treatment plan was both elegantly simple and a marvel of sophisticated medical technology. In pelvic vein embolization, tiny coils or

plugs are used to seal off or slow the blood flow in the enlarged veins and redirect it to nearby well-functioning veins. Dr. Bilal likens the procedure to rerouting traffic. "We minimize blood flow through enlarged veins that surround pelvic structures like the bladder, uterus and the ovaries, which is where these patients have their pain."

Guided by X-ray imaging in real time, Dr. Bilal inserted a catheter through a small incision in Esposito's upper arm. He threaded the tube through her blood vessel to reach the targeted enlarged veins; then he used the tube as a chute through which he guided minuscule coils into place. (Interventional radiologists sometimes make the vein entry in the groin or neck, but Dr. Bilal prefers to use the brachial vein in the arm. "It makes it easier for the patients to walk after the procedure," he says. "And you don't have to worry about bleeding from the groin when they bend and squat.")

The process typically takes a couple of hours, and patients are almost immediately able to go about their normal day's activities. "I had this tiny skin nick in my arm and a little bit of soreness, and that was it," Esposito says.

Quick it may be, but it's also effective. "For more than 90% of women with PVI, a single embolization treatment is enough





Lauren Esposito suffered more than a year of excruciating pelvic pain before finding a doctor who had a solution. After treatment from Mohammad Bilal, MD, she was soon back to feeling like herself — and able to enjoy outings with her daughters, Brielle, 12, and Sienna, 4.

**“A lot of women have discomfort and pain but they just live with it and don’t know that something can be done. I hope more people become aware that treatments like pelvic embolization are available.”**

— Lauren Esposito

to vanquish symptoms or reduce them substantially,” Dr. Bilal says. Sometimes symptoms return over time, “usually because the traffic has found another way to communicate with the enlarged pelvic veins,” he adds. In such cases, patients may have a second procedure or a different PVI treatment.

In Esposito’s case, she says she felt “100 times better” within a couple of months. Today she considers her

pain 90% resolved, with only minor discomfort prior to her period.

“Even during follow-up care, Dr. Bilal has been wonderful, always answering my questions and explaining everything,” Esposito says. “A lot of women have discomfort and pain but they just live with it and don’t know that something like this can be done. I hope more people become aware that treatments like pelvic embolization are available.”



**Mather Hospital provides a wide range of treatments for pelvic venous insufficiency and other urogynecologic conditions, from urinary incontinence to pelvic organ prolapse. Scan the QR code for more information or to make an appointment.**





# A quick test that detects heart problems

What you need to know about a game-changing diagnostic tool at Mather Hospital

**H**ear disease is the leading cause of death in the United States for both men and women, which makes screening invaluable, and a new diagnostic tool at Northwell's Mather Hospital is making it easier to identify whether a patient has heart issues. Called coronary computed tomography angiography, or CCTA, the test is used to assess heart health in patients, particularly those with chest pain, and determine if coronary artery disease is present.

The test can tell patients if they need additional testing — or if they require medication or should make

lifestyle changes, says Amar Shah, MD, Northwell's chief of cardiac imaging.

"CCTA gives us precise, customizable-to-the-patient, anatomic information that definitively answers whether you have coronary artery disease," he says. "It provides patients and their doctors with exquisite detail about what their anatomy looks like."

The scan joins other diagnostic tests available at Mather, including echocardiograms and EKGs. The hospital is also home to cardiovascular catheterization and electrophysiology laboratories, where heart conditions can be diagnosed and treated in a minimally invasive manner with the help of diagnostic

imaging equipment.

Here's what you need to know about the CCTA screening tool.

## THE TEST IS FAST, PAINLESS AND NONINVASIVE

Unlike some types of imaging that may take an extended time to produce scans, CCTA generates images of a patient's heart in seconds. Making things even easier, the test requires minimal preparation.

You'll be asked to fast before the procedure, but the visit — even with check-in and preparation — is so quick it could be done on your lunch hour, says Craig Player, director of imaging services at Mather. Because there's





no sedation, there's no downtime or recovery and you can even drive yourself home.

Here's how CCTA works: You're given medication through an IV that helps temporarily lower your heart rate; that's followed by a contrast agent through the same IV. You may feel a little warm during the scan, but the test takes just 30 seconds. While the agent circulates through your veins, including your coronary arteries, the state-of-the-art scanner takes numerous images from different perspectives and then combines those to produce a 3D model of your heart and its vessels, says Dr. Shah. The results are interpreted by a specially trained cardiothoracic radiologist.

"Although the procedure itself is fast and painless, any type of imaging can lead to anxiety," he adds. "Fortunately, our imaging team is top-notch at helping you feel calm. From the advanced care practitioners and nurses to the technologists, they are the backbone of patient support, and they excel at making you feel comfortable."

### CCTA CAN RULE OUT MULTIPLE POTENTIALLY SERIOUS CONDITIONS

There are a number of cardiovascular issues that can develop either suddenly or gradually and, either way, may be life-threatening.

"The cause of chest pain can be hard to identify — in fact, a variety of tests can fail to pinpoint why that pain is happening," says Dr. Shah. "CCTA allows physicians to get a look at the heart and the surrounding anatomy to understand if the chest pain could be due to coronary artery disease or another, non-cardiac cause instead."

For example, CCTA can identify obstructions of the coronary artery, an acute pulmonary embolism, a dissecting aortic aneurysm, COVID-19 lung infection and acute inflammation of the heart muscle.

The clear guidance provided by the test can be especially valuable when time is of the essence, such as when chest pain prompts a visit to the ER. "We've been using cardiac CT in an emergency room setting for several years, and it's enabled us to expedite

care for patients who need additional cardiac services," says Adam Wos, MD, emergency department medical director at Mather Hospital. "We're happy to have this available in our community, particularly since it gives us real-time insight into a potential cardiac situation."

Another advantage of the test: It can significantly reduce the need for other, less informative exams. On its own, it frequently provides all the information required to determine whether a consultation with a cardiologist is necessary, or what types of treatment are required.

"If you have one test that gives you the answer to why you're experiencing chest pain, that's obviously ideal, rather than undergoing multiple tests over a period of time," says Dr. Shah. "CCTA gives us that answer."



Scan the QR code for more information or call 631-856-1296 for an appointment.



# FORGETTING THINGS?

A visit to your doctor can tell you what's normal, what's not — and when to get tested





**W**ait, where did I park the car?  
Uh-oh, Grandma forgot to turn off the stove again.  
My partner keeps repeating questions — should I be worried?

When memory glitches happen, apprehension about Alzheimer's disease and other forms of dementia can start to bubble up — understandably, given their rising rates. An estimated 6.9 million Americans aged 65 and older are living with Alzheimer's. Many more — nearly half of all adults that age — report a worsening memory. And "senior moments" like blanking on a name or losing keys start occurring for most of us well before our senior years.

So, it's important to realize that problems with memory and thinking have a surprising number of causes. Most are *not* dementia — and many are reversible.

"A lot of people get fearful if they notice even small memory issues. But it's so much better for you, and your quality of life, to look into it and get reassurance or resolution, just as you would for any other health complaint," says Maria Torroella Carney, MD, Northwell's chief of geriatrics and palliative medicine, who is helping set guidelines for dementia treatment for the system. "Don't ignore it!"

Start by seeing your primary care physician if you have concerns about cognition — the term for not only memory but all your mental processes, like language, learning, reasoning and attention. If you need a more advanced evaluation, your doctor can refer you to a specialist with training and experience in cognitive health. These include geriatricians (doctors specializing in older adults) and neurologists (they treat brain and nervous system disorders).

## WHEN TO WORRY — OR NOT

Briefly losing track of your keys or forgetting why you walked into a room is normal, says Dr. Carney. Distraction or inattention can create short-term forgetfulness. Similarly, don't worry

if you occasionally blank on a name ("you know, that actor") or a word ("you know, those thingamajigs").

"As we age, there's some normal decline in memory," Dr. Carney says. "Your memory is like a bookshelf; you can only store so much there before something gets pushed off."

Doctors become concerned when memory loss impacts your everyday tasks and routines. This could be failing to recall an oft-used recipe or a familiar driving route, for example, or struggling with bill-paying or learning new things, like how to work a new phone. Normal aging shouldn't include forgetting appointments,

activities, like taking your medicine or driving? "We also look at what's going on with mood, personality and behavior," Dr. Gieniusz says. Depression, anxiety, social isolation and poor sleep can all cause impairments that may go away if the underlying problem is addressed.

- **Questions about medical/family history.** Cognitive symptoms may be related to a range of conditions, including high blood pressure, high blood sugar and obstructive sleep apnea. You might be asked about your medications (some can cause foggiess, either on their own or in combination with

**"We've learned so much about how to slow down these diseases just in the recent past. Identifying them early is important, because there are options. We're on a path to possible new treatments and better care than ever."**

— Maria Torroella Carney, MD



medications or what you just said, says Dr. Carney.

## DIAGNOSIS BY DETECTION

To evaluate memory trouble, doctors have to play detective by gathering clues from many sources. "It's not like an X-ray, where we do one test and say, 'Oh, that's broken,'" says Northwell geriatrician and internist Marzena Gieniusz, MD. "We need to get a full picture of what's going on."

A good memory check-up may find a treatable cause of forgetfulness, Dr. Carney says. So, a doctor will cast a wide net, which will often include some or all of the following:

- **A conversation about current complaints.** What are your symptoms like? When did they start? Have there been any changes in your ability to perform daily

other prescriptions) or about recent hospitalizations, falls or concussions, which can affect brain health.

- **A physical exam.** Untreated issues, such as vitamin D deficiency, thyroid disorders, inflammatory disorders or anemia, can also lead to memory dysfunction. Depending on the case, the doctor may order bloodwork, urine tests or sometimes brain imaging, such as a noninvasive MRI.
- **A cognitive test.** A cognitive screening or assessment is a tool that has been validated (tested and verified) to evaluate memory and other thinking skills.

## MEASURING YOUR MEMORY

A cognitive screening test checks to see how well the brain is functioning

in various “cognitive domains,” like problem-solving or the ability to sustain attention, for instance. It’s not a simple pass/fail test and it can’t diagnose Alzheimer’s disease, dementia or other diseases. Nor does it measure IQ. Still, it can be useful, says Dr. Gieniusz. “A cognitive test provides pieces of the puzzle,” she says.

Some tests take less than five minutes; others are longer and more detailed. Patients are asked basic questions and given simple tasks, like providing the date and place (to test orientation), recalling words (short-term memory), counting backward (working memory) and drawing a clock face or copying a shape (abstract thinking).

Scores below normal are important clues for the medical team on the way to a diagnosis, Dr. Gieniusz says. Depending on what the rest of the exam has revealed, next steps might include more detailed testing, imaging studies or referral to a memory-care specialist.

## GETTING THE CARE YOU NEED

If your doctor excludes other health issues that may be affecting memory, it may be time to consider the most common types of dementia — Alzheimer’s disease, vascular dementia and Lewy body dementia. (Dementia is the general term for diseases that cause memory changes and other cognitive symptoms.) Reassuringly, there’s been progress in managing and treating those conditions, Dr. Carney says.

At Northwell, patients with a diagnosis of dementia and their families are invited to participate in an innovative new program of improved care for memory conditions called Guiding an Improved Dementia Experience (GUIDE). Developed by the Centers for Medicare & Medicaid Services, this approach makes it easier for patients to access assessments, care plans, care coordination and other supports.

The program is just one of the ways dementia care has improved, Dr.

## WORRIED ABOUT YOUR MEMORY?

**Mather specialists use advanced technology to diagnose and treat Alzheimer’s disease and other memory disorders.**



**Scan the QR code for more information or call 631-817-4120 to make an appointment with a neurologist.**

Carney says. “We’ve learned so much about how to slow down these diseases just in the recent past,” she says. “Identifying them early is important because there are options. We’re on a path to possible new treatments and better care than ever.”

## Treating dementia — and preserving memory

“Even though there is no cure for the most common types of dementia, there are always things we can do to help manage the disease, control symptoms, slow how fast the disease progresses and make plans for the future,” says geriatrician Marzena Gieniusz, MD.

Nonpharmacological approaches help optimize quality of life. These can include physical therapy, cognition-stimulating activities, emotional care and education and support for families.

A wide range of medications may help as well. Some, such as donepezil (Aricept) or rivastigmine (Exelon), are cholinesterase inhibitors, which increase levels of a critical chemical messenger in the brain. Other drugs can help specific symptoms, such as agitation or sleep problems, says geriatrician Maria Torroella Carney, MD. In the last year, the first medications that slow Alzheimer’s disease progression — donanemab (Kisunla) and lecanemab (Leqembi) — have joined the treatment arsenal. These meds are delivered by IV infusion for early dementia, says Dr. Carney, who is excited about their potential but notes that it’s too early to fully know their clinical benefits.

But what helps preserve memory most is healthy living and taking care to avoid injury to the brain. By preventing or controlling diabetes, high blood pressure and high cholesterol, you maintain good circulation to the brain. Using a helmet when biking, skiing or participating in contact sports and always wearing a seatbelt in a car reduces the risk of traumatic brain injury. Smart moves like these, along with a healthy diet and exercise, can go a long way toward preserving brain function.





Celebrating their achievement (from left): Environmental services attendant David Berg; breast center support associate Christine Denmark; lead patient access representative Casey Travis; interventional radiology resident Benjamin Rajan; and psychiatry resident David Amann.



## Celebrating five-star quality care!

For the second year in a row, Northwell's Mather Hospital earned the highest possible rating — five stars — from the Centers for Medicare & Medicaid Services (CMS). "This achievement reflects our dedication to providing our community with exceptional care, year after year," says Kevin McGeachy, FACHE, SVP, president, Mather Hospital. The rating recognizes Mather for delivering superior clinical outcomes and a compassionate patient experience. "It was through the tireless efforts of our dedicated medical professionals, skilled nursing staff and support teams that we were able to achieve this remarkable milestone again," McGeachy says.



# CONNECTIONS

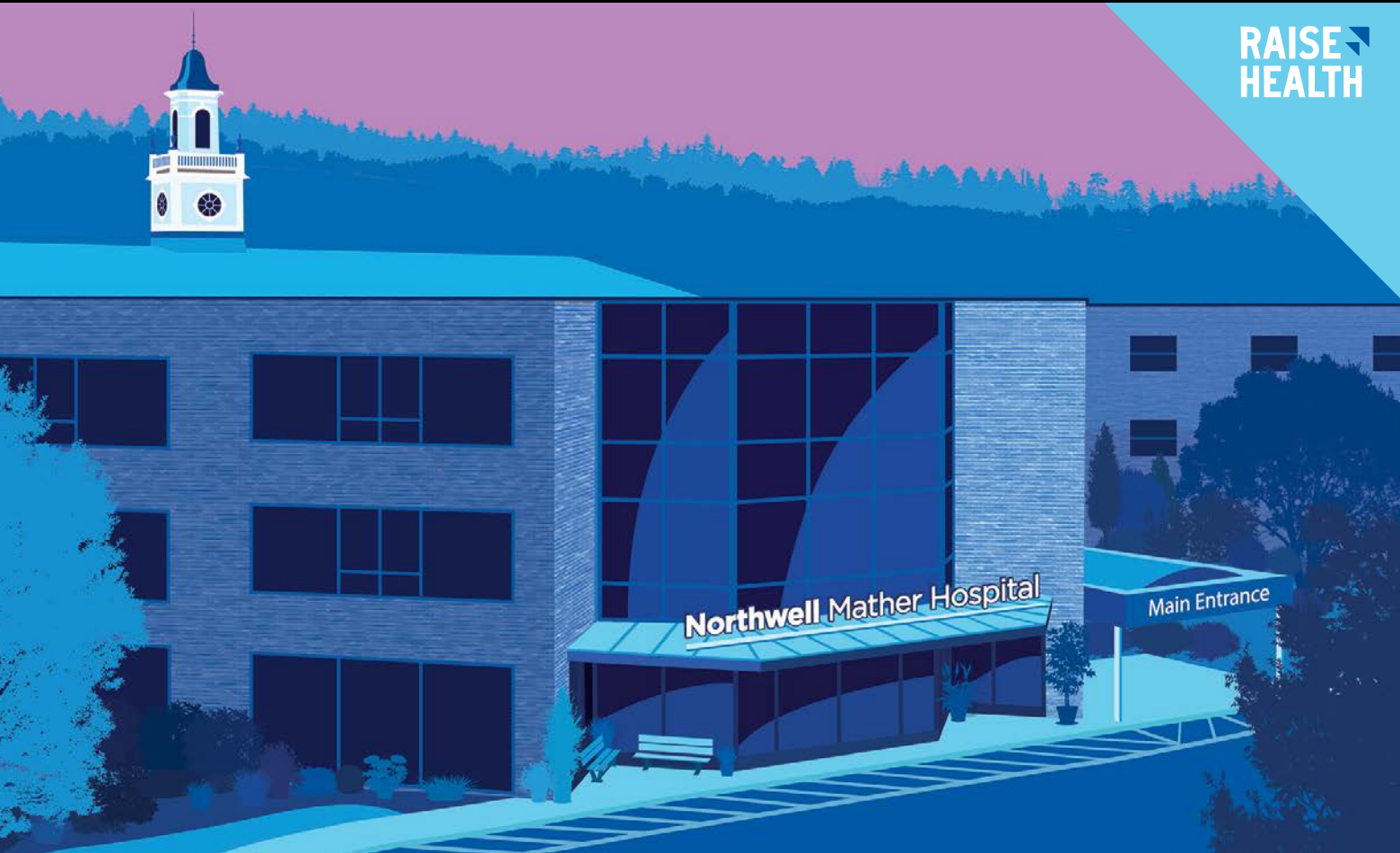
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