

Vital Signs

WINTER 2017 | VOLUME 73



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Parents Encouraged to Update Their Approach to Treating a Child with a Concussion

A lot has changed since the days when athletes who got their “bell rung” while playing contact sports would be sent back out onto the field. Today, concussions are taken much more seriously amid concern about their long-term effects. But a national survey suggests that parents caring for their children following a concussion need to adjust their approach.

The survey found that a majority of parents may be following outdated advice, and that an

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UCLA Performs 1,000th Lung Transplant

The UCLA Lung Transplant program performed its 1,000th transplant surgery in mid-September, becoming the first program on the West Coast, and one of only seven centers nationwide, to achieve this milestone. The six-hour surgery was led by Abbas Ardehali, MD, surgical director of the lung- and heart-transplant programs. UCLA performed its first lung-transplant operation in 1988, and it now is the busiest thoracic-transplant center in the West and achieves a 30-day survival rate of 98 percent, which is higher than the national average.



To learn more about the **UCLA Lung Transplant program**, go to: transplant.ucla.edu/lung

UCLA Health and Los Angeles Lakers Join Forces

The Los Angeles Lakers and UCLA Health have launched a long-term partnership that includes UCLA Health's designation as the exclusive in-game health provider for the team's players and the naming rights for the team's new training facility and offices in El Segundo. The partnership expands UCLA's efforts to promote health and fitness for underserved populations and its commitment to youth organizations that emphasize the positive impact of sports.



UCLA HEALTH TRAINING CENTER

The Lakers and UCLA Health also will be engaged in community, educational and research efforts in injury prevention and sports performance for the Lakers.



Connect with UCLA Health

UCLA Health Connect is a virtual community for patients and families to connect, share their experiences and improve UCLA Health through participation.

Get started by browsing some of the patient stories, photos and videos featured on our website. Then share your own story.

We'd love to hear from you.

Connect. Share. Improve.



To learn more about **UCLA Health Connect**, go to: connect.uclahealth.org

Gestational Diabetes:

Taking Steps to Protect Women's Health During and After Pregnancy

About 9 percent of women develop diabetes for the first time while pregnant. Gestational diabetes, like type 1 and type 2 diabetes, causes blood-sugar levels to become high. This places a woman at a greater risk for delivering a larger baby weighing 9 pounds or more and high blood pressure.

The condition typically resolves after childbirth, but not before setting the stage for potential health problems down the road. In fact, women with gestational diabetes have a 30-to-60 percent risk of developing type 2 diabetes 10-to-20 years later.

"Pregnant women normally become a little resistant to insulin. This helps provide more glucose to their growing babies," says Alexander Chiang, MD, a UCLA obstetrician/gynecologist in Santa Monica. "Women who develop gestational diabetes during one pregnancy are more likely to have it again during the next pregnancy.



Alexander Chiang, MD

This can greatly diminish the ability of the pancreas to do its job."

To check for elevated blood-sugar levels, doctors administer glucose tests during a woman's second trimester. Women with gestational diabetes need to monitor their blood-sugar levels. Dietary changes and exercise are equally important to maintain appropriate blood-sugar levels.

Many of the same risk factors that make women more prone to gestational diabetes, such as being overweight and having a family history of diabetes, also contribute to type 2 diabetes and heart disease. Women who are African American, Asian American, Pacific Islanders, Native American or Alaskan natives also are more at risk.

"A history of diabetes combined with high blood pressure can negatively affect heart function," Dr. Chiang says. "That's why it's important for women to take steps to protect their health now." Dr. Chiang advises his patients to make certain lifestyle modifications, such as eating a heart-healthy diet and getting regular exercise. "Breastfeeding also lowers the future risk of type 2 diabetes," he says.

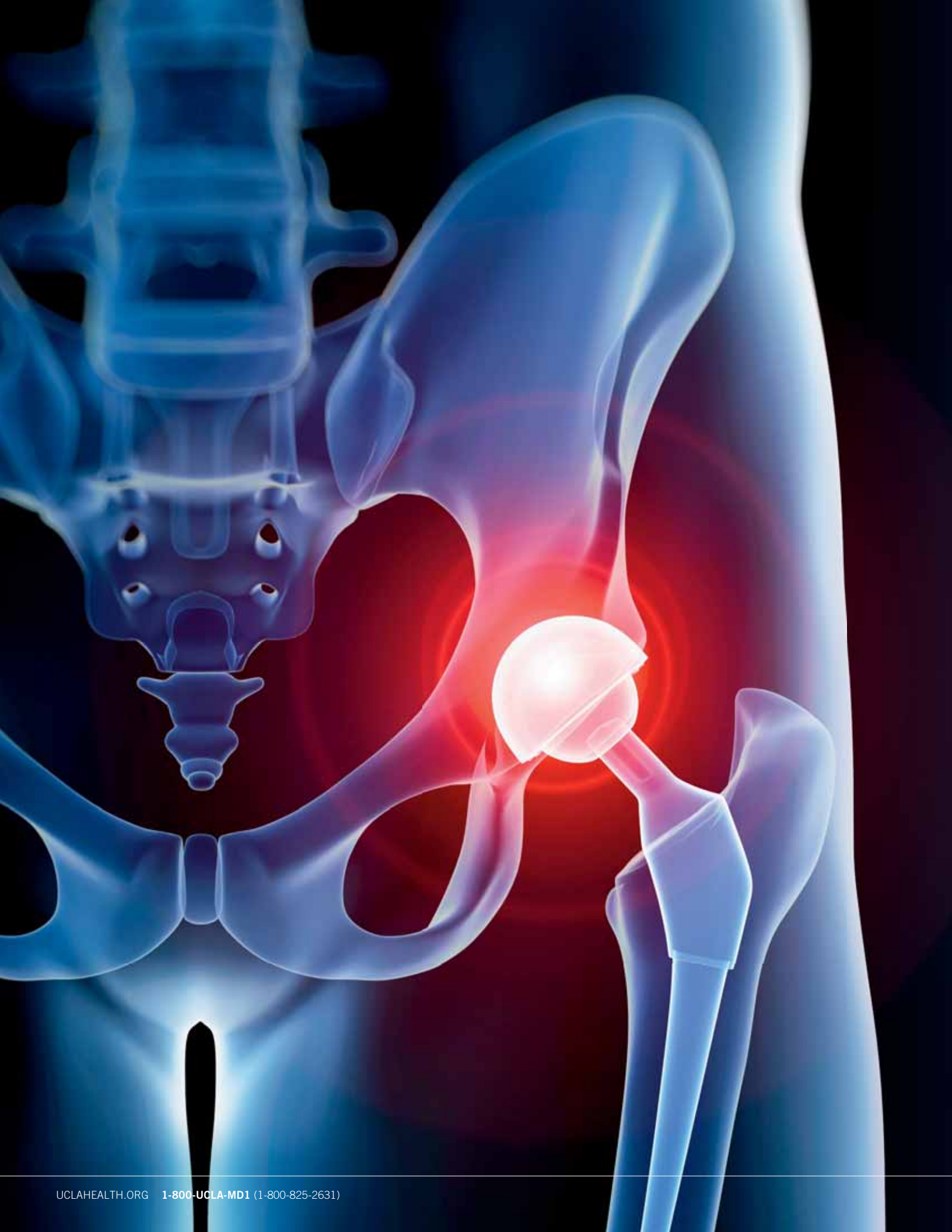
Women with gestational diabetes should get a blood-glucose screening six-to-12 weeks after delivery, and then every one-to-three years during checkups, depending on individual risk factors. "I encourage my patients to enlist the help of their loved ones. Their support makes it easier to adopt lifestyle changes like exercise and a healthy diet," Dr. Chiang says. "This also has a cumulative beneficial effect since moms who take good care of themselves tend to have healthier families."



For more information and to find an office location near you, go to:

obgyn.ucla.edu

uclahealth.org/endocrinology



Newer Technique to Hip Replacement Can Reduce Pain and Speed Recovery

Most hip-replacement surgery in the United States is performed by cutting through the back, or posterior approach, to the hip. Now, a newer approach that goes through the front is gaining traction as an alternative that can result in shorter hospital stays, quicker recovery time and less discomfort.

While research shows that the long-term results of the anterior (from the front) and posterior hip-replacement procedures are equivalent at the six-month postoperative period, “there are major advantages to the anterior approach,” says orthopaedic surgeon Eric Johnson, MD, who has been performing the procedure at UCLA for more than 10 years. These include less pain and faster recovery, reduced risk of dislocation or other complications, and more accurate positioning of the new hip components, he explains.

Although posterior hip-replacement surgery is the dominant approach, accounting for perhaps 95 percent of cases, the anterior technique dates back several decades to France, where a pair of surgeons began doing hip replacements with patients lying on their backs on an orthopaedic fracture table. And the anterior method is picking up steam as more surgeons are trained in the technique, Dr. Johnson says.

The use of a special fracture table for anterior hip replacement means that the patient can be positioned face-up as the surgeon more precisely positions the hip components of each side of the joint using X-ray images. “We place both of the patient’s hips in the same position, take an X-ray of each,

use a computer program to highlight the differences, and adjust accordingly to get a very accurate replacement,” Dr. Johnson says. The computerized assistance virtually eliminates the risk of hip dislocation and leg-length inequality, potential complications after posterior hip-replacement surgery, he adds.

Approaching from the front, the surgeon avoids cutting a small group of posterior muscle tendons by operating through natural muscle planes, which results in less pain and faster recovery. “The afternoon after anterior hip surgery, our patients are able to walk around and sit on a normal seat,” Dr. Johnson says. Recovery usually is about four weeks. In comparison, posterior hip replacement, which generally involves a larger incision, requires up to eight weeks for recovery.

In the past, hip replacement was mostly reserved for people in their 60s or 70s, but Dr. Johnson notes that with advances in the technique and newer types of hip-component surfaces, hip-replacement surgery tends to be durable enough that the need for revision surgery is decreasing, making it a more appropriate alternative for younger



patients with difficult hip-joint problems. “The hip should not hurt,” he says. “If hip pain is affecting your lifestyle, there are few reasons to wait thinking that you might get a longer-lasting hip. Hip replacement, whether anterior or posterior, is among the most successful operations in orthopaedics.” Dr. Johnson notes that following successful hip replacement, patients “are some of the happiest people I see, because their lifestyles have completely changed, and they are back to doing what they want to do.”

Recovery usually is about four weeks. In comparison, posterior hip replacement, which generally involves a larger incision, requires up to eight weeks for recovery.

FDA Expands Criteria for Nonsurgical Aortic-Valve Replacement

UCLA has emerged as a leading center in the United States for a minimally invasive alternative to surgical heart-valve replacement. The procedure, transcatheter aortic valve replacement (TAVR), is for patients with aortic valve stenosis — a common and potentially fatal form of heart disease — who might not be good candidates for surgery.

TAVR was first approved by the U.S. Food and Drug Administration (FDA) in 2013 for patients at high risk of death or complications from surgery. In August 2016, the FDA approved an expanded indication for TAVR to include patients who are considered to be at intermediate risk of experiencing

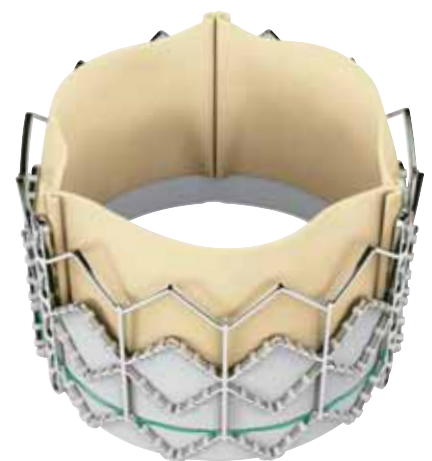
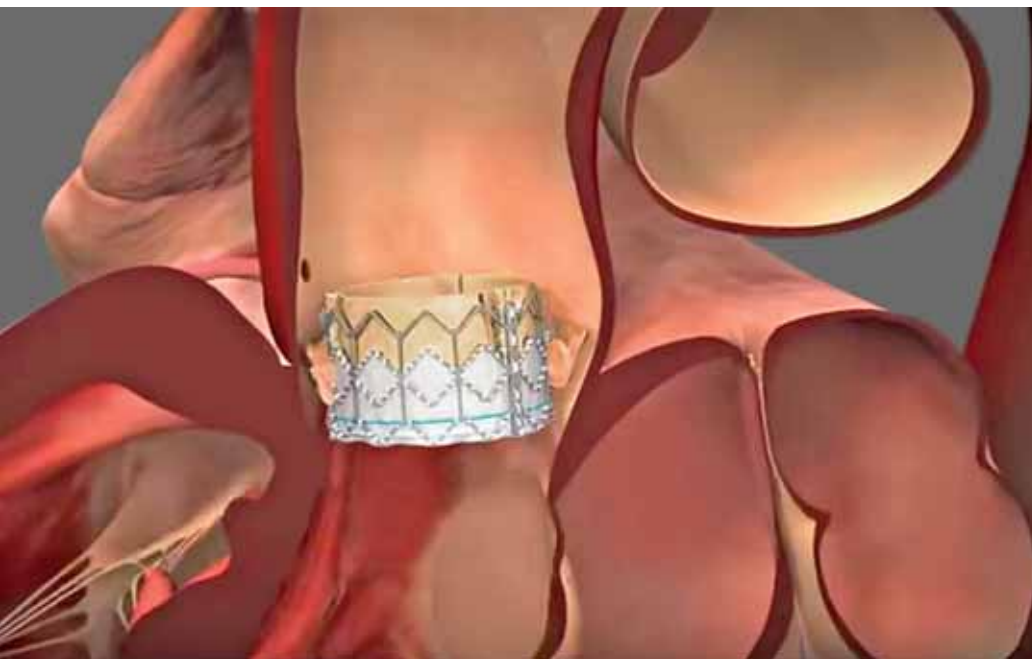
complications or dying from open-heart surgical valve replacement.

Aortic valve stenosis is a form of heart disease in which calcification of the aortic valve that regulates the flow of blood from the heart prevents it from opening fully. Symptoms can include chest pain or tightness, fainting or light-headed episodes, fatigue and shortness of breath. Without treatment, many people die within one-to-two years of developing symptoms.

Surgically replacing the faulty valve with a mechanical one or a valve made from animal tissue has a high rate of success. But for many patients, the procedure — which usually

involves opening the chest to remove and replace the old valve — has been considered too risky. The TAVR procedure enables repair without removing the old valve by moving it aside with a balloon-expandable wire stent with the new valve inside the stent.

UCLA has become a major referral center for TAVR. UCLA cardiologists and heart surgeons have been at the forefront of developing innovations to the procedure that have improved safety and outcomes while reducing the cost. “Most of our patients are able to be admitted the morning of the procedure and have it done in the catheterization lab under light sedation



The TAVR procedure resembles a balloon angioplasty, in which a catheter — a long, flexible tube — is threaded through an artery and a balloon device on the end inflates to help open up a narrowing in a valve in the heart.

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Parents Encouraged to Update Their Approach to Treating a Child with a Concussion

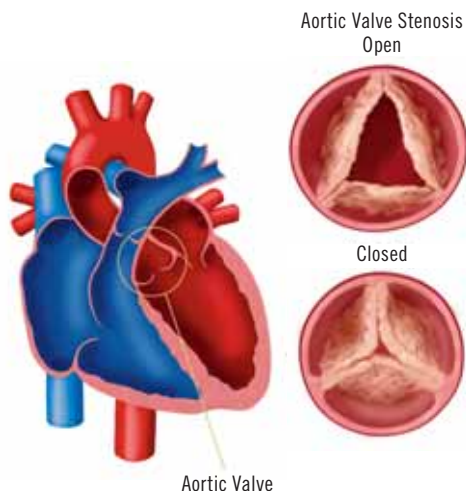
overly conservative approach could be making their child's symptoms worse. "In the past, there was often a tendency to downplay the significance of concussions," says pediatric neurologist Christopher Giza, MD, director of the UCLA Steve Tisch BrainSPORT Program. "Now, some parents go too far in the other direction and, despite their best intentions, they can inadvertently complicate their child's recovery."

A total of 569 parents nationwide were asked how they would care for a child whose concussion symptoms lasted for more than a week. Among the more surprising results, 77 percent of parents said they would likely wake their child up throughout the night to check on him or her. "We know that even on the same night as a concussion, once the child has been medically evaluated and the risk of a major problem in the brain has been ruled out, waking the child multiple times through the night tends to make the symptoms worse," Dr. Giza says. "In fact, we encourage sleep very early on because that will help the brain heal faster."

An even higher percentage of parents — 84 percent — said they would make their child refrain from any physical activity if they still had symptoms a week after the concussion. While it's true that children should avoid activities that would put them at risk for further injury, such as returning to a contact sport, they do not need to remain sedentary, Dr. Giza notes. "Walking the dog, riding a stationary bike or doing some other gentle aerobic exercise can actually be helpful in promoting faster healing, particularly for athletes," he says. "Prolonged inactivity isn't good for anyone. And when people are used to lots of exercising and you put them in a dark room and tell them not to do anything, it's going to make them feel socially isolated as well as lead to deconditioning. Being active can help them improve their mood, take their mind off their symptoms and restore a sense of normalcy."

Similarly, most parents in the survey said they were unlikely to allow their child to engage in schoolwork for up to a week after the injury. "No one ever got a concussion from doing homework, and you don't know what the child can do cognitively until you test him or her a little bit," Dr. Giza says. "We advise symptom-limited cognitive activity so that the child doesn't start falling too far behind on schoolwork, preferably sooner than a week after the concussion," he says, noting that the peak period for symptoms following a concussion is within 24-to-48 hours. "As children begin to show improvement, they can be eased back into activity," Dr. Giza says.

As part of its outreach, and to spread the word on proper concussion care, the UCLA Steve Tisch BrainSPORT (Safety, Performance, Outreach and Treatment) Program is training primary-care physicians in the community through its Concussions Champions continuing medical education course. This training focuses on how to evaluate and manage acute concussions. Although every child is different, most concussion symptoms should subside within two-to-three weeks. If symptoms don't subside, the child should be seen by a specialist. In addition, the UCLA Steve Tisch BrainSPORT Program works with schools and various youth sport leagues to provide targeted education and preseason concussion baseline testing for youth athletes.



and local anesthesia," says UCLA Chief of Cardiac Surgery Richard J. Shemin, MD. This approach enables patients to avoid having to spend time in the intensive care unit. Patients generally are able to return home within one or two days.

The FDA now has approved a clinical trial investigating whether or not TAVR is beneficial for low-risk patients compared to a surgically implanted valve. Based on the high volume of TAVR and surgical aortic cases with excellent outcomes, UCLA has been selected as a participating site for this expanded indication trial. "We are proud to be one of the sites for the new clinical trial and excited to be able to offer this minimally invasive treatment approach to low-risk patients to see whether or not this technology will be approved for use in an even larger population of patients requiring aortic-valve replacement," Dr. Shemin says.



To learn more about TAVR at UCLA, go to: heart.ucla.edu/tavr

UCLA cardiologists and heart surgeons have been at the forefront of developing innovations to the procedure that have improved safety and outcomes while reducing the cost.



For more information about the UCLA Tisch BrainSPORT Program, go to: uclahealth.org/brainsport



To view a video about treating concussion, go to: uclahealth.org/concussion

Addressing Back Pain in the Primary-Care Setting

Approximately 80 percent of U.S. adults experience low-back pain at some point in their lifetimes, and one-in-four report struggling with low-back pain within the last three months. Low-back pain is the most common cause of job-related disability and a leading contributor to lost work time. But treatment often is ineffective, costly, and even dangerous. UCLA Health has established an initiative designed to ensure a standard, evidence-based approach to managing back pain in primary-care settings. The initiative is being spearheaded by O. Kenrik Duru, MD, MSHS, associate professor of medicine at the David Geffen School of Medicine at UCLA.



What is the impetus behind the UCLA Back Pain Initiative?

This really goes beyond back pain. UCLA Health has moved toward patient-centered care that is value-based, and part of that involves improving communication and coordination among primary-care doctors and specialists. We want a system in which all healthcare providers know their role and everything moves seamlessly. Back pain is a good place to start with that.

Why is that?

For one thing, it's very common, and it involves treatment by both primary-care providers and specialists. And we saw that our UCLA Spine Center was getting many referrals from primary-care physicians of patients who didn't necessarily need to be seen by a specialist. Most acute-back-pain cases — not just the first-time cases but also the ones that flare up every so often — will get better on their own. For those patients, time is the best medicine, and referring them doesn't make sense for the health system or for the patient, who has

to take time off work, make a copayment and then is told to go home, rest and wait. So we wanted to communicate to patients and to their primary-care physicians that once the doctor has carefully screened you for more serious conditions, you don't need a referral to a specialist right away. Our other concern is that patients should not be getting X-rays or MRIs on uncomplicated back pain in the first four-to-six weeks. It doesn't help, and it often will turn up abnormalities that aren't related to the back pain. These false positives can lead to unnecessary treatment that puts the patient at greater risk.

So there is a danger to overtreatment?

Yes, and unfortunately, in too many cases, patients end up going on opiates, which can lead to long-term addiction and other problems. So we do have to be careful about overtreatment. About 85 percent of patients with back pain who visit a primary-care doctor have "nonspecific" back pain, meaning that a cause is never found; an additional 10 percent have herniated discs or spinal stenosis, which may require treatment at some point but are not medical emergencies. Of patients with back pain who seek care, 70-to-90 percent improve within seven weeks with conservative

treatment — rest in positions that relieve the back, pain relievers, etc.

How does UCLA's program work?

When a patient goes to his or her primary-care doctor complaining of back pain, the doctor does a history and physical exam, initially looking to exclude serious causes. After ruling out anything serious, the doctor classifies the patient into one of four groups based on the type of back pain. The first type is back pain that becomes worse with flexion — bending forward. The second is back pain with standing or flexing shoulders back. The third is leg pain that's constant, and the fourth is leg pain that is intermittent — it's leg pain but we believe the cause is coming from the back pain. For each of those conditions, we have a handout that the doctor can give to the patient with specific positions and exercises for that particular type of pain. The doctors also are advised to give either an over-the-counter pain reliever to the patient, recommend heat and/or ice and then follow up in seven-to-10 days. At that point, if the patient isn't getting better and is still in severe pain, he or she can be sent to a specialist, although in most cases, patients are somewhat better in that time. There is also an option to go to physical therapy. At the six-to-eight-week point from the initial appointment, if the patient still is in significant pain, we ask the primary-care provider to order imaging along with the option to refer to physical medicine and rehabilitation, pain management, East-West Medicine for acupuncture if the patient chooses that, or to a chiropractor.



What do you hope will be the end result of this effort?

Our goal is to make routine what we believe are high-quality practices so that patients,

primary-care providers and specialists all know what to expect, and everyone is working from the same page. By standardizing high-quality practices, we are improving both the safety and the quality of care for patients.



O. Kenrik Duru, MD, MSHS



“Active Surveillance” May Be the Right Course for Many Patients with Prostate Cancer

Prostate-specific antigen (PSA) testing of middle-age men to screen for prostate cancer has led to more cases being detected at an early stage. The common occurrence of prostate cancer indicates that many of these men will die with prostate cancer rather than of the disease.

“We recognize that anywhere from 30-to-50 percent of prostate cancers diagnosed by PSA testing are slow to develop and pose little-to-no threat of spreading,” says urologist Robert Reiter, MD, director of UCLA’s Prostate Cancer Program.

That is important information for both patients and physicians to consider when discussing treatment options. While treatment of prostate cancer with surgery or radiation therapy is effective in curing patients, it comes with the risk of significant side effects that can include erectile dysfunction and urinary incontinence. As a result, Dr. Reiter explains, “The goal has long been to try to better understand which patients need treatment and which ones don’t.”

The concept of “active surveillance” began as an effort to reduce the overtreatment of

prostate cancer by identifying patients who are at very low risk of having their disease progress to the point that it will threaten their health. In the past, electing to not treat identified prostate cancer was referred to as “watchful waiting.” The updated term reflects a more vigilant approach to monitoring patients through periodic biopsies so that if the disease does begin to pose a threat, or if the initial diagnosis was inaccurate, the patient can still be successfully treated.

The ability to determine which patients can be placed under active surveillance rather than undergoing treatment has greatly improved, Dr. Reiter notes. In making decisions about whether to treat the cancer, doctors and patients are benefiting from a better understanding of the pathology of the tumor (Gleason score), which can be factored along with age, overall health and family history. Magnetic resonance imaging (MRI) has been used at UCLA since 2004 as a diagnostic tool, and research by Dr. Reiter and others has shown that in combination with biopsy results, MRI can determine the risk level of prostate tumors

better than the biopsy alone. Genomic testing is now available to further clarify the likelihood of the cancer progressing.

Targeted prostate biopsy is another major advance that is guiding the active surveillance effort. The approach uses MRI to identify suspicious areas of the prostate, then fuses the findings with real-time ultrasound in a special device. This not only allows for targeting of the suspicious area for the biopsy, but for patients found to have prostate cancer, it also enables the urologist to return to the same area over time to determine how fast the cancer is growing.

In 2009, UCLA started the Active Surveillance for Cancer of the Prostate program, using targeted biopsies to more accurately classify and monitor patients. More than 500 men are currently enrolled. “The targeted biopsy gives us more confidence that we are enrolling the right people in the program, and not letting a serious cancer go untreated,” says Leonard S. Marks, MD, the UCLA urologist who heads the program.

Dr. Marks notes that as many as 30-to-50 percent of men with newly diagnosed prostate cancer are candidates for active surveillance, which is generally recommended for men with a Gleason score of no more than 6 and a small volume of tumor that has low metastatic potential. After the initial targeted biopsy, men in the program are given a repeat biopsy within six months, and if that shows no cause for concern, future biopsies are scheduled for roughly every two years.

“Anxiety is the number one driver that makes men go from active surveillance to active treatment,” Dr. Marks notes. “But the targeted biopsy provides some reassurance for the anxiety because it’s much more accurate than the conventional biopsy. This is a very personal decision. But most men who are properly categorized to go into this program won’t ever need surgery.”



To view a video about active surveillance and prostate cancer, go to: uclahealth.org/surveillance

Take Precautions to Guard Against Carbon Monoxide Poisoning

“Carbon monoxide is lighter than air and can pass through drywall. People in an apartment can be exposed from activities occurring in other units. So the challenge is to make sure there are warning systems in place.”

Carbon monoxide is an invisible threat — an odorless, colorless gas that can cause severe illness and even death before people realize they have been exposed. That’s why it’s critical to take proper precautions to avoid carbon monoxide poisoning and to ensure that properly working monitors are installed in the home to provide warning when exposure is occurring, says Susan Sprau, MD, a specialist in hyperbaric medicine and medical director of the UCLA Gonda Center for Wound Healing and Hyperbaric Medicine.

Hundreds of people die every year and thousands become seriously ill — often with long-term consequences — from carbon monoxide poisoning, which can result from such household fixtures as space or wall heaters, portable generators and charcoal grills. Dr. Sprau notes that when not immediately treated, carbon monoxide poisoning can lead to persistent problems that include headaches, motor weakness, balance problems, vision difficulties, hearing loss and numbness or tingling in the hands or feet, as well as an increased risk of heart damage, cognitive problems and anxiety or depression.

These potentially tragic occurrences can be prevented with certain precautions, Dr. Sprau says. Portable generators should never be used indoors, whether or not

there is ventilation. Even in an open area, Dr. Sprau recommends allowing at least 20 feet of space between individuals and gas-type combustion, including from engines, charcoal or space heaters. Home heating systems, whether they are oil- or gas-fired furnaces or space heaters, should be inspected at least once a year. In the garage, a vehicle or other engine should never be left running without adequate ventilation.

Dr. Sprau points out that even with precautions, carbon monoxide can leak indoors and exposure can occur. “Carbon monoxide is lighter than air and can pass through drywall,” she says. “People in an apartment can be exposed from activities occurring in other units. So the challenge is to make sure there are warning systems in place.”

Most newer homes and apartments are equipped with carbon monoxide detectors, and units also are available at home-improvement stores. Alarms should be checked regularly to ensure that they are working properly and to change batteries when needed.

Signs of carbon monoxide poisoning include headache, nausea, shortness of breath and unclear thinking. If one experiences symptoms, it is important to immediately leave the area of exposure and seek medical evaluation. At UCLA, patients suffering



from carbon monoxide poisoning are first stabilized and then treated with hyperbaric oxygen therapy. Patients either sit on a cushioned bench or lie on a stretcher inside the hyperbaric chamber as their body is saturated with oxygen to flush out the toxic gas. The treatment lasts about two hours.

“Carbon monoxide attaches to red blood cells in the same spot where oxygen would normally attach, which can cause asphyxiation of brain and other vital-organ cells,” Dr. Sprau explains. “Providing patients with oxygen at higher atmospheric pressure — like scuba diving on dry land — allows oxygen to get to the tissues so that they can heal, as well as addressing the vascular damage and inflammatory response that can occur with the poisoning.”

Community Health Programs

JANUARY, FEBRUARY, MARCH 2017 COMMUNITY HEALTH PROGRAMS

UCLA Health offers community programs and events to help our neighbors lead healthier lives through wellness education. Go to uclahealth.org/calendar for more information.

ALZHEIMER'S DISEASE

Alzheimer's Disease Research

Sarah Kremen, MD, UCLA neuropsychiatrist, will discuss the latest research for Alzheimer's disease and current clinical trials.

When: Thursday, Feb 9 / 1 – 2:30 pm

Where: OASIS West Los Angeles, 10730 W Pico Bl

RSVP: (800) 516-5323

Memory Care

Designed for individuals age 65 and younger diagnosed with early-onset Alzheimer's, this program teaches techniques to boost memory, lower stress and stimulate the mind and body. It includes a social hour with a separate support group for caregivers.

When: Thursdays, 1 – 4 pm

Where: UCLA Longevity Ctr, 10945 Le Conte Av, Ste 3119

RSVP: (310) 794-0680

CANCER

Oncology Care

John A. Glaspy, MD, UCLA professor of medicine, will discuss the types of cancer care and services UCLA offers from Laguna to Oxnard, as well as the groundbreaking clinical trials for various disease groups.

When: Tuesday, Jan 10 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium, Rm B130

Info: (310) 794-6644

Nutrition and Cancer

Carolyn Katzin, MS, CNS, will discuss the importance of nutrition in cancer treatment and recovery.

When: Tuesday, Feb 7 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium, Rm B130

Info: (310) 794-6644

Events in gold are offered near our UCLA community offices.

CANCER (CONTINUED)

Play 4 Kay Breast Cancer Awareness Game

UCLA women's basketball hosts its 11th annual "Play 4 Kay" Breast Cancer Awareness game. Funds raised will support UCLA breast cancer research and services and the Kay Yow Cancer Fund. Tickets are \$2 with promo code PLAY4KAY and are on sale through the Central Ticket Office.

When: Friday, Feb 17 / 8 pm

Where: UCLA Pauley Pavilion, 301 Westwood Plaza

Info: ticketmaster.com/event/0B005153E72A34D1

Hereditary Gynecologic Cancer Syndrome

Nisha Bansal, MD, UCLA gynecologic oncologist, will discuss hereditary cancer syndromes (breast, ovarian and Lynch), who is at risk and how to get tested.

When: Tuesday, Feb 28 / 6:30 – 8 pm

Where: Cancer Support Community VVSB, 530 Hampshire Rd, Westlake Village

RSVP: (800) 516-5323

California End of Life Option Act

Neil Wenger, MD, UCLA professor of medicine, and Anne Coscarelli, PhD, UCLA adjunct professor of medicine, will discuss the California End of Life Option Act. This presentation is for cancer patients and their families who are worried about what might happen if anti-cancer treatment is not effective and how to plan for all potential scenarios.

When: Tuesday, Mar 14 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium, Rm B130

Info: (310) 794-6644

CONSTIPATION

Constipation Update

Melissa Munsell, MD, UCLA gastroenterologist, will discuss causes and treatments of constipation.

When: Wednesday, Feb 8 / 1 – 2:30 pm

Where: Torrance-South Bay Family YMCA, 2900 W Sepulveda Bl

RSVP: (800) 516-5323

CONTRACEPTION

Contraception: The Old and the New

Amy Stoddard, MD, UCLA OB/GYN, will discuss what mothers and daughters should know about contraception, as well as the latest contraception methods.

When: Sunday, Feb 26 / 3 – 4 pm

Where: Auditorium at UCLA Medical Ctr, Santa Monica, 1250 16th St

RSVP: (800) 516-5323

DIABETES

Living with Type 2 Diabetes

This ADA-certified self-care class will help you gain important skills, knowledge and confidence to successfully manage your diabetes. A physician referral is required. Covered by most medical insurance policies. Classes are 8 am to 5 pm at the following locations:

Santa Monica

When: Second & fourth Mondays in Jan, Feb & Mar

Where: 2020 Santa Monica, 2nd Fl, Conference Rm

Info: (310) 794-1299 or

diabeteseducation@mednet.ucla.edu

Porter Ranch

When: Monday, Feb 13

Where: 19950 Rinaldi St, Ste 300

Info: (310) 794-1299 or

diabeteseducation@mednet.ucla.edu

South Bay

When: Fridays, Jan 27, Feb 24 & Mar 24

Where: 514 North Prospect Av, Redondo Beach

Info: (310) 542-6333

Basic Diabetes Nutrition

This ADA-certified class consists of two consecutive 90-min sessions. It will teach you how different foods affect your blood sugar and how to plan healthy meals. A physician referral is required. Covered by most medical insurance policies.

Santa Monica

When: Tuesdays, Jan 17 & 24; first & third

Tuesdays in Feb & Mar / 9 – 10:30 am

Where: 1223 16th St, Ste 3400



SUPPORT GROUPS UCLA Health and its community partners offer a number of support groups, available in person and by telephone, designed to support and inform patients, families and caregivers coping with a variety of diagnoses. For more information, visit: uclahealth.org/calendar

DIABETES (CONTINUED)**Basic Diabetes Nutrition** (Continued)**Thousand Oaks**

When: Tuesdays, Jan 17 & 24, Feb 21 & 28, Mar 21 and 28 / 4 – 5:30 pm

Where: 100 Moody Court, Ste 200

Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

UCLA Insulin Connection (IConnect) Support Groups

Join one of our support groups for people with diabetes who use insulin through multiple daily injections or insulin pump. Become informed, network and get support from your peers in a fun and relaxed atmosphere.

Thousand Oaks

When: Thursdays, Jan 12 & Mar 9

Where: 100 Moody Court, Ste 200

RSVP & Info: (310) 794-1305 or diabeteseducation@mednet.ucla.edu

Westwood

When: Tuesday, Feb 14

Where: UCLA Gonda Diabetes Ctr, 200 UCLA Medical Plaza, Ste 520-10

RSVP & Info: (310) 794-1503 or diabeteseducation@mednet.ucla.edu

Preventing Prediabetes

Find out more about the risk factors for type 2 diabetes, what it means to have prediabetes, and what you can do to prevent or delay diabetes.

When: Thursday, Feb 16 / Noon – 1:15 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: (800) 516-5323

Healthy Living with Diabetes

The third annual patient conference is a free half-day event, which will include a product fair and presentations on various diabetes topics. There will be breakout sessions on healthy nutrition, medication updates, insulin pumps and sensor technology, and carbohydrate counting.

When: Saturday, Mar 4 / 8 am – 12:30 pm

Where: UCLA Medical Ctr, Santa Monica, Conference Rm

RSVP & Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

HEART DISEASE**Preventing Heart Disease**

Join Janki Shah, MD, UCLA cardiologist, as she discusses how you can prevent heart disease, including modifiable risk factors and lifestyle changes.

When: Wednesday, Feb 1 / 1:30 – 2:30 pm

Where: Thousand Oaks Civic Ctr, 2100 Thousand Oaks Bl

RSVP: (805) 381-7362 or councilonaging@toaks.org

KIDNEY DISEASE**Kidney Fair**

UCLA nephrologists Anjay Rastogi, MD, PhD, Niloofar Nobakht, MD, and Mohammad Kamgar, MD, conduct free monthly educational programs about kidney health, high blood pressure and kidney-disease management. Interactive sessions include free blood-pressure tests and educational resources.

Health and Wealth

When: Sunday, Jan 8 / 1 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr

RSVP: (800) 516-5323

Medications: What You Should Know

When: Sunday, Feb 19 / 1 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr

RSVP: (800) 516-5323

UKEEP at the Beach

When: Sunday, Mar 26 / 11 am – 3 pm

Where: Santa Monica Beach Park #1, Ocean Park Bl & Barnard Way

RSVP: (800) 516-5323

Kidney Smart Classes

This two-hour class provides information on kidney function, kidney disease and how to manage a diet that promotes healthy kidneys.

When: Jan 26, Feb 9 & 12, Mar 16 & 30 / 2 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16 St, Conference Ctr

RSVP & Info: (888) 695-4363 or kidneysmart.org

MULTIPLE SCLEROSIS**REACH to Achieve Program** (ONGOING)

This weekly wellness program on fitness, memory, emotional well-being, recreation, nutrition and health education is for those with MS.

Where: Marilyn Hilton MS Achievement Ctr at UCLA

Info & Application: (310) 267-4071

Living Well (ONGOING)

This 12-week program helps those newly diagnosed with MS better understand MS and develop fitness and lifestyle practices to manage symptoms and enhance well-being.

Where: Marilyn Hilton MS Achievement Ctr at UCLA

Info & Application: (310) 481-1113

MENOPAUSE**Menopause Update**

Serena Wang, MD, UCLA internal medicine physician, will review common symptoms associated with menopause and their treatments.

When: Monday, Mar 6 / 12:30 – 2 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: (800) 516-5323

PAIN MANAGEMENT**Pain Management for Seniors**

Join Harkirat Chahal, MD, UCLA anesthesiologist, as he discusses the latest breakthroughs and techniques in acute and chronic pain management.

When: Wednesday, Mar 1 / 1:30 - 2:30 pm

Where: Thousand Oaks Civic Ctr, 2100 Thousand Oaks Bl

RSVP: (805) 381-7362 or councilonaging@toaks.org

Effective Pain Treatments

Najmeh Sadoughi, MD, UCLA anesthesiologist, will address pain among older adults, varying levels and durations of pain, and some of the most effective pain treatment options.

When: Tuesday, Mar 14 / 2 – 3:30 pm

Where: Civic Ctr Library, Founders Hall, 200 Civic Ctr Way, Calabasas

RSVP: (818) 224-1777 or apm.activecommunities.com/cityofcalabasasrec

Back, Hip, Arm and Leg Pain

Juan Pablo Villablanca, MD, UCLA diagnostic neuroradiologist, will explore common causes of back, hip, arm and leg pain; the significance of specific symptoms; and available treatment options.

When: Wednesday, Mar 22 / 6:30 – 8 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: (800) 516-5323

PARKINSON'S DISEASE**Parkinson's Disease Update**

Jeff Bronstein, MD, PhD, UCLA neurologist, will discuss the latest research on what causes Parkinson's disease and developing new treatments.

When: Wednesday, Mar 8 / 2 – 3:30 pm

Where: Belmont Village, 10475 Wilshire Bl

RSVP: (800) 516-5323

PLASTIC SURGERY**Facial Aesthetics and Rejuvenation**

Jason Roostaeian, MD, UCLA plastic surgeon, will discuss new techniques for natural-looking facial aesthetic surgery/rejuvenation.

When: Wednesday, Feb 15 / 7 – 8:30 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium

RSVP: (800) 516-5323

Platelet Rich Plasma (PRP)

Vishad Nabili, MD, UCLA plastic and reconstructive surgeon, will discuss PRP as a safe, effective way to restore the signs of facial aging without using fillers or surgery. He will also discuss using PRP to improve hair loss and thinning.

When: Thursday, Mar 23 / 7 – 8:30 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium

RSVP: (800) 516-5323

PODIATRY

Bunion and Bunion Surgery

Bob Baravarian, DPM, will discuss bunions and the latest surgical and nonsurgical treatments available.

When: Tuesday, Jan 17 / 5:45 – 6:45 pm
(date subject to change)

Where: 2121 Wilshire Bl, Ste 101, Santa Monica
RSVP: (310) 828-0011

Heel and Ankle Pain

Gary Briskin, DPM, will discuss common causes of ankle and heel pain, as well as surgical and nonsurgical therapies.

When: Tuesday, Feb 21 / 5:45 – 6:45 pm
(date subject to change)

Where: 2121 Wilshire Bl, Ste 101, Santa Monica
RSVP: (310) 828-0011

Ankle Arthritis and Ankle Replacement

Bob Baravarian, DPM, will discuss the latest advances in treating foot and ankle arthritis, including injection joint lubrication, arthroscopic clean-up, joint-preservation surgery, fusion surgery and ankle-replacement surgery.

When: Tuesday, Mar 21 / 5:45 – 6:45 pm
(date subject to change)

Where: 2121 Wilshire Bl, Ste 101, Santa Monica

Foot and Ankle Pain

Santa Monica Podiatry Group's Abbasseh Towfigh, DPM, and Terry Boykoff, DPM, will present the latest techniques in treating heel and nerve pain, arthritis, tendonitis, ankle injuries and peripheral neuropathies, as well as new therapy-laser treatments.

When: Monday, Mar 27 / 5 – 6 pm

Where: 1250 15th St, Ste 1014, Santa Monica
RSVP: (310) 451-1618

PSORIASIS

Psoriasis Update

Melvin Chiu, MD, UCLA dermatologist, will discuss how psoriasis affects your health and quality of life, as well as various treatment options.

When: Wednesday, Feb 22 / 6 – 7:30 pm

Where: Camarillo Health Care District,
2629 E Las Posas Rd, Bldg E, Ste 117
RSVP: (800) 516-5323

PULSATILE TINNITUS

Pulsatile Tinnitus

Satoshi Tateshima, MD, UCLA interventional neuroradiologist, will review causes, diagnosis and treatment of conditions that cause pulsatile tinnitus.

When: Wednesday, Jan 25 / 6:30 – 8 pm

Where: Santa Monica Family YMCA, 1332 6th St
RSVP: (800) 516-5323

VOLUNTEERING

Volunteer Open House

UCLA Health Volunteer Services is hosting an open house for individuals interested in its nonstudent (adult) program. Stop by to learn about different volunteer opportunities. Refreshments and valet parking will be provided.

When: Friday, Feb 10 / 10 – 11:30 am

Where: Ronald Reagan UCLA Medical Ctr, Rm B-120
RSVP: smolina@mednet.ucla.edu or (310) 267-8182

WELLNESS

Bone Health

Diana Sarkisyan, MD, UCLA internal medicine physician, will discuss diagnosis, treatment and prevention of decreased bone density with an emphasis on diet, supplements and exercise.

When: Wednesday, Jan 4 / 1:30 – 2:30 pm

Where: Thousand Oaks Civic Ctr,
2100 Thousand Oaks Bl

RSVP: (805) 381-7362 or councilonaging@toaks.org

Walk with a Doc

Join UCLA Health physicians for a healthy stroll on the third Saturday of each month.

When: Saturdays, Jan 21, Feb 18, & Mar 18 /
7:30 – 8:30 am

Where: Triunfo Community Park, 950 Aranmoor Av,
Westlake Village (meet by the kids' play structure)

Info: uclahealth.org/walkwithadoc

Eat to Live

UCLA internal medicine physicians Neema Heivand, MD, and Marjan Lyons, MD, will discuss chronic disease prevention through lifestyle modifications.

When: Friday, Jan 27 / 2 – 3:30 pm

Where: Civic Ctr Library, Founders Hall,
200 Civic Ctr Way, Calabasas

RSVP: (818) 224-1777 or
apm.activecommunities.com/cityofcalabasasrec

Managing Your Health

Sahar Lashin, MD, UCLA internal medicine physician, will discuss healthy lifestyle management and how to view your doctor as a partner in your health.

When: Tuesday, January 31 / 1 – 2:30 pm

Where: Torrance-South Bay Family YMCA,
2900 W Sepulveda Bl

RSVP: (800) 516-5323

Events in gold are offered near our UCLA community offices.

WELLNESS (CONTINUED)

Dizziness and Fall Prevention

Amruti Borad, DO, UCLA family medicine physician, will discuss dizziness and the causes, diagnosis, treatments and prevention of falls.

When: Thursday, Feb 2 / 10:30 am to Noon

Where: The Canterbury, 5801 Crestridge Rd,
Rancho Palos Verdes

RSVP: (800) 516-5323

East-West Nutrition

Felicia Yu, MD, UCLA internal medicine physician, will address eating from a holistic perspective, a traditional Chinese-medicine diet, as well as a Western approach to nutrition.

When: Wednesday, Feb 22 / 2 – 3:30 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: (800) 516-5323

Medication Interactions

Clara Lin, MD, UCLA internal medicine physician, will discuss common interactions between medications and how certain foods can affect medication processing in the body.

When: Tuesday, Mar 7 / 1 – 2:30 pm

Where: Atria-Tarzana, 5325 Etiwanda Av

RSVP: (800) 516-5323

Osteoporosis Update

Learn about the diagnosis, treatment and prevention of osteoporosis.

When: Tuesday, Mar 14 / 2 – 3:30 pm

Where: OASIS, 10730 W Pico Bl

RSVP: (800) 516-5323

Exploring the Mind

The UCLA Longevity Center and the Lifespan Learning Institute present the annual Interpersonal Neurobiology Conference on the nature of the human mind and the cultivation of well-being.

When: Mar 17 – 19 / 8:30 am – 6 pm

Where: UCLA Ackerman Grand Ballroom,
308 Westwood Plaza

Register: (310) 474-2505

Creativity and Arts Healing

Join our inaugural Expressive Therapies Summit in Los Angeles, and learn how to use art, dance, drama, drumming, music, writing and play for healing and wellness. More than 100 experiential-training workshops by creative arts therapists, mental health practitioners, community arts professionals, educators, and integrative health and medicine professionals will be offered.

When: Mar 30 – Apr 2

Where: Hilton Los Angeles Airport,
5711 W Century Bl

Info: (310) 452-1439 or info@uclartsandhealing.org

RSVP: expressivetherapiessummit.la



RESEARCH AND TRIALS UCLA conducts research on a wide range of medical disorders. Go online to learn more information about opportunities to participate in research and clinical trials: uclahealth.org/calendar

UCLA HEALTH 50 PLUS IS A FREE MEMBERSHIP PROGRAM that offers individuals age 50 and older access to educational lectures, exercise opportunities, information on community and health resources, a free community flu-shot clinic and other special events. To sign up, call (800) 516-5323.

5+ Cognitive Impairment and Depression

Learn to recognize the signs and symptoms of cognitive impairment and depression, and how to differentiate and treat them.

When: Tuesday, Jan 10 / 2 – 3:30 pm
Where: OASIS, 10730 W Pico Bl, Macy's 3rd level
RSVP: (800) 516-5323

5+ Geriatrician for U

Learn when it's best to see a geriatrician for medical concerns, what types of assessments they conduct, and how they work with the individual and family.

When: Tuesday, Jan 24 / 2 – 3:30 pm
Where: Auditorium at UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

5+ UCLA SAIL

Matthew Konersman, UCLA physical therapist, will discuss how group-exercise program UCLA SAIL improves health, endurance, strength and balance. Risk factors for falling, and maintaining independence, will be addressed.

When: Thursday, Jan 26 / 1 – 2:30 pm
Where: OASIS, 10730 W Pico Bl, Macy's 3rd level
RSVP: (800) 516-5323

5+ Social Security Strategies

This workshop will discuss how to collect the maximum amount of Social Security income.

When: Thursday, Jan 26 / 7 – 8:30 pm
Where: Auditorium at UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

5+ Add Vitality to Your Life

Learn simple, routine ways to live a healthier life.

When: Monday, Feb 6 / Noon – 1 pm
Where: Malibu Senior Ctr, 23825 Stuart Ranch Rd
RSVP: (800) 516-5323

5+ Being an Informed Patient

Edward Zaragoza, MD, interventional radiologist, will review common community emergencies from the perspective of the patient. He will discuss how imaging and commonly used contrast agents assist in diagnosis and treatment protocols.

When: Tuesday, Feb 7 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: (800) 516-5323

5+ The 2nd Act

The 2nd Act offers UCLA alumni and friends 50 years and older opportunities to engage, learn, optimize health and volunteer. Sponsored by UCLA Alumni Affairs, the event features film director Lewis Teague. Coffee and dessert will be served. No cost to attend.

When: Thursday, Feb 9 / 6:30 – 8 pm
Where: James West Alumni Ctr, 325 Westwood Plaza
RSVP: SecondAct@alumni.ucla.edu

5+ Your Life: Your Legacy

This workshop addresses the importance of advance end-of-life planning and four simple ways to ensure peace of mind for you and your family.

When: Saturday, Feb 25 / 10 – 11:30 am
Where: Conference Rm 3 at UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

5+ Exercise as We Age

Learn about the benefits of physical activity throughout one's life and what should be included in an exercise program for older adults.

When: Tuesday, Feb 28 / 2 – 3:30 pm
Where: Auditorium at UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

5+ Memory Training Course (quarterly)

Learn practical memory-enhancing techniques in a course designed for people with mild memory concerns (not for those with dementia).

When: Two hours per week, once a week, for four weeks
Where: Locations vary
Info: (310) 794-0680 or sgoldfarb@mednet.ucla.edu or longevity.ucla.edu

5+ Brain Boot Camp (ONGOING)

This intensive course teaches healthy lifestyle tips to enhance memory ability for people with age-related memory concerns.

Where: UCLA Longevity Ctr, 10945 Le Conte Av, Ste 3119
Info: (310) 794-4055
Cost: \$300

FEATURED EVENT

CAREGIVER U

UCLA Health, WISE & Healthy Aging, Alzheimer's Greater Los Angeles and USC Family Caregiver Support Center host a free program with interactive workshops on legal/financial issues, managing challenging behaviors, transportation, technology support, treatments for dementia and Alzheimer's disease, and quality in-home care. One-on-one consultations with UCLA physicians, pharmacists and other healthcare professionals will also be available. Respite care available for \$20 (reservations required). Call (310) 394-9871 for more info.

When: Saturday, Mar 11 / 9 am – 12:30 pm
Where: Ken Edwards Ctr, 1527 4th St, Santa Monica
RSVP: (800) 516-5323

5+ Fitness U

Join the SAIL fitness and education program led by UCLA physical therapists and designed for healthy seniors. First-time participants should arrive 30 minutes early for physical therapy screening.

When: Mondays & Thursdays, 10 – 11 am
Where: St. Monica's Catholic Church, 725 California Av, Santa Monica
Info & Enrollment: (424) 259-7140
Cost: \$40 per month (Unlimited participation)

5+ Senior Scholars

The UCLA Longevity Center invites adults 50 years of age or older to audit undergraduate courses taught by UCLA's distinguished professors.

When: Spring quarter classes begin in April
Where: Locations vary by UCLA campus
Info: www.semel.ucla.edu/longevity/srscholars or srscholars@mednet.ucla.edu or (310) 794-0679
Cost: \$150 per course

5+ Westside Walkers

This indoor walk takes place in the Westside Pavilion. Sign in at Macy's storefront on level 2.5.

When: Tuesdays & Thursdays, 8 – 10 am
Where: 10730 W Pico Bl
Info: (800) 516-5323



WEBINARS ON DEMAND If you missed one of our UCLA MDChat Webinars, visit our Webinars on Demand library to view programs led by UCLA physicians. For more information, visit: uclahealth.org/uclamdchat

405 Hilgard Avenue
Box 956923
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contact Jason Gross, director of gift planning, UCLA Health Sciences Development, at (310) 267-1832 or jgross@support.ucla.edu

Vital Signs

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Nancy Jensen

DIRECTOR,
MARKETING COMMUNICATIONS

Judi Goodfriend

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CONTRIBUTORS

Dan Gordon

Jeannette Moninger (Aha Media)

ADVISORY BOARD

Matteo Dinolfo, MD

Bernard Katz, MD

Janet Pregler, MD

Gary Small, MD

DESIGN

Donenfeld & Associates

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For inquiries about *Vital Signs*,
contact UCLA Health
Marketing Communications, Box 956923
Los Angeles, CA 90095-6923
uclahealth.org
e-mail: VitalSigns@mednet.ucla.edu



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