

Vital Signs

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Concerns arise over diabetes medications used for weight loss

The development of a class of drugs called GLP-1 receptor agonists to treat type 2 diabetes has been a significant benefit for millions of patients. But the medications also help with weight loss, which has made them attractive to people who don't have diabetes.

Physicians have reported a surge in people without diabetes, or even a serious weight problem, asking for the medications, such as the drug semaglutide, to help them shed a few pounds — a use that is considered "off label," meaning the drug was not approved for

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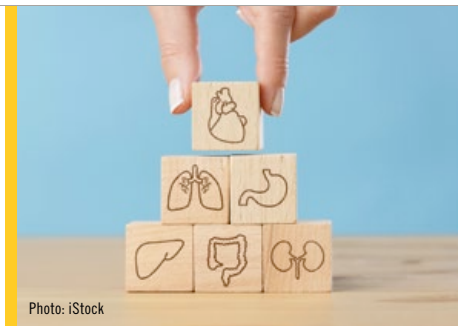


Photo: iStock

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World's best hospitals

UCLA Health hospitals were recognized on *Newsweek's* annual list of World's Best Hospital for 2023. Ronald Reagan UCLA Medical Center and UCLA Santa Monica Medical Center were both ranked in the top 100, with the former ranked top 10 in the world. To compile the list, *Newsweek* ranks 2,300 hospitals in 28 countries.



UCLA Health immediate care

A primary care provider should always be your first point of contact when you're sick, injured or have a general health concern, but if it's not life-threatening and your primary care office is closed, UCLA Health immediate care is your best option for world-class health care and outstanding customer service.

UCLA Health has 10 conveniently located immediate care clinics throughout the Greater Los Angeles region for select urgent health needs. You can walk-in to one of these locations, which are open nights and weekends, with no appointment required.

For more information about UCLA Health immediate care, go to: uclahealth.org/patients-families/immediate-care

New community clinics opening

UCLA Health is expanding with new primary care locations in Pasadena and Goleta and a new OB-GYN clinic in Marina del Rey. These clinics join the UCLA Health network of more than 250 primary and specialty clinics in convenient locations throughout Los Angeles, Orange, San Luis Obispo, Santa Barbara and Ventura counties.

For more information about clinics in your area, go to: uclahealth.org/locations.

UCLA Health radiation oncology care available in downtown L.A.

UCLA Health has radiation oncology services in downtown Los Angeles available to patients with cancer. The downtown radiation oncology clinic provides patients who work or live in the area greater proximity and convenience, with the same high caliber of care provided in Westwood. Bernard S. Lewinsky, MD, a UCLA Health radiation oncologist in downtown Los Angeles, discusses the center's capabilities and benefits for patients.

What therapies does the downtown radiation oncology clinic offer?

"We treat all types of solid tumors for patients ages 18 and older," Dr. Lewinsky says. "We use external beam radiation therapy, which precisely delivers radiation to the tumor while sparing and protecting the normal tissues surrounding it." Dr. Lewinsky notes the clinic provides several types of external-beam radiation therapy. 3D conformal radiation therapy delivers radiation beams from many directions using images from CT, MRI and PET to confine the beams to the shape of the tumor. Similarly, intensity-modulated mediation therapy (IMRT) uses radiation beams from several directions where individual beams can deliver higher doses to certain parts of the tumor. Image-guided radiation therapy (IGRT), a type of IMRT, uses imaging while



Dr. Bernard S. Lewinsky.
Photos: UCLA Health

the radiation is being administered to ensure precise delivery. "The ability of this technology to protect normal tissues has greatly improved over the years, resulting in diminished side effects," Dr. Lewinsky says. He notes the clinic offers additional methods for delivering radiation. Brachytherapy, or implanted radiation, involves placing radioactive material into or near tumors to deliver specific doses to specific areas. Ingestion or injection can deliver liquid radioactive materials in high doses to internal organs.

How are local radiation oncology services integrated into the greater UCLA Health system?

"We work with medical oncologists in our downtown location to coordinate and combine treatments," Dr. Lewinsky says. He adds that he and his colleague at the downtown radiation oncology clinic have access to the full range of UCLA Health resources. They can consult with specialists at the main campus, refer patients for additional specialty services and present their patients to UCLA Tumor Boards. These multidisciplinary groups may include surgical oncologists, medical oncologists, radiologists, pathologists and a genetic counselor, who review patient cases and form personalized, evidence-based treatment plans. The UCLA Health electronic medical record enables physicians to easily share information and communicate with other physicians.

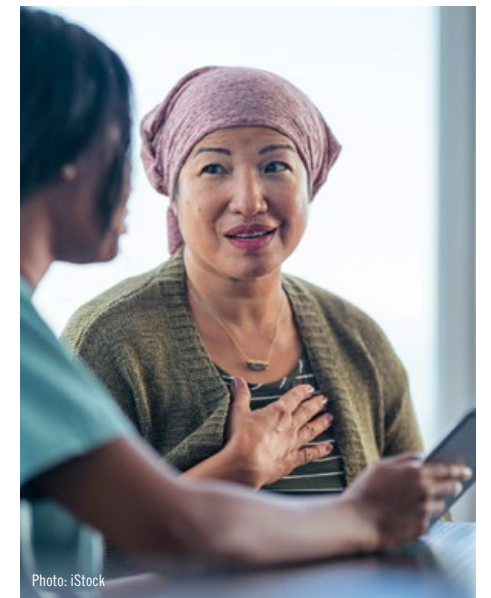




Photo: iStock

What other cancer services are located downtown?

UCLA Health downtown cancer care services also include medical oncology and hematology. Medical oncologists treat solid cancers in adults using chemotherapy, hormonal, biological and targeted therapies. Hematologists treat both benign and malignant blood diseases, including lymphoma and leukemia. This office also has access to a social worker from the Simms/Mann-UCLA Center for Integrative Oncology who provides psychological and integrative health services. In addition to cancer care, UCLA's downtown offices feature primary and specialty care services, which include cardiology, gastroenterology, pulmonology, sleep medicine and sports medicine.

 For more information about UCLA Health radiation oncology in downtown Los Angeles, go to: uclahealth.org/locations/downtown-los-angeles-radiation-oncology

 For more information about UCLA Health cancer care in downtown Los Angeles, go to: uclahealth.org/locations/downtown-los-angeles-cancer-care





Andrew Macias (right) was the first patient to undergo Dr. Jeffrey Veale's transplant-tolerance protocol. He received his new kidney from his brother, Tom (left), and is now living without antirejection medication.

Photo: Adam Amengual

UCLA Health advances pioneering protocol to enable transplant recipients to thrive without antirejection drugs

Performing human-organ transplants without the necessity for a lifetime regimen of immunosuppressive drugs has been an enduring goal for transplantation medicine. Now, a new Medicare-approved protocol being implemented at UCLA Health with select living-donor kidney-transplant patients is moving that dream closer to reality.

"It is the pinnacle of transplantation," says renal-transplant surgeon Jeffrey Veale, MD, who has led UCLA's effort to develop the protocol.

Dr. Veale has thus far performed the procedure with six well-matched sibling pairs. To date, three recipients have been weaned from all immunosuppressive medications and three are continuing their taper of medications.

While solid-organ transplants have been performed regularly since the 1950s, they always have required powerful drugs to prevent the recipient from rejecting the new organ. This is both expensive and risky for the recipient; these powerful immunosuppression drugs can have serious complications that include increased risk of cancer, infection, diabetes, hypertension and heart disease. Curbing these potential risks by eliminating the need for immunosuppression can extend the life of a donated organ. Potentially, "it is one kidney for life," Dr. Veale says.

That can have a significant impact for patients; 20% of patients on the list to receive a deceased-donor kidney are waiting for their second, third or even fourth organ. "Every time a patient requires a re-transplant, it makes it harder and harder to get a match. In addition, the surgery itself becomes more difficult because of the scar tissue," Dr. Veale says. "If we can prolong survival of the initial graft, we make it possible for other people to receive a kidney, and we can bring down the number of patients who are waiting."

The transplant-tolerance protocol begins with extraction of stem cells from the bone

marrow of a well-matched kidney donor. These stem cells are processed and, after the recipient has received the donor organ and undergone a series of radiation treatments, the stem cells are infused into the recipient. This infusion of the donor's processed stem cells promotes "mixed chimerism," the blending of the donor's and recipient's immune systems to prime the recipient to recognize, rather than reject, the new organ. Once chimerism forms, the organ recipient can wean off immunosuppression drugs.

"If we can prolong survival of the initial graft, we make it possible for other people to receive a kidney, and we can bring down the number of patients who are waiting."


Currently, the protocol is being implemented with well-matched family members. The Food and Drug Administration recently approved the protocol with mismatched pairs as well. Dr. Veale is now moving the protocol to a new stage, implementing the protocol "retrospectively" for patients who already have a well-functioning kidney transplant, using stem cells from the original organ donor.

Once the efficacy of retrospective transplantation has been demonstrated, Dr. Veale hopes to take transplant tolerance even further, implementing the protocol with deceased donors. "This is where I think UCLA will make a real difference," Dr. Veale says. "Up until now, tolerance has been limited to living donors. We believe we can be the ones who will move the field forward to make the leap to

tolerance with deceased-donor organs. That is where the big difference will be made."

Deceased donors accounted for 77% of the nearly 25,500 kidney transplants that were performed nationally in 2022.

"We would probably start with deceased-donor kidneys. Then, theoretically, we can move to other solid organs: liver, heart and potentially lungs," Dr. Veale says. "Also, to other areas that now are limited by immunosuppression medications, like vascular composite allograft transplantation, which would include hand, foot, uterus and face transplants. Those transplantations require very high levels of immunosuppression. If we can achieve tolerance with this group of patients, even if we aren't able to get them down 100% to no immunosuppression, we might be able to get them to immunosuppression levels that aren't so toxic."

 For more information about UCLA Health's transplant-tolerance program, go to: ucla.in/transplant-tolerance or scan the QR code.



 To read about UCLA's first transplant-tolerance case in the Fall 2021 issue of U Magazine, go to: ucla.in/UCLA-Transplant-Tolerance or scan the QR code.



Helping expecting mothers advocate for themselves

Pregnancy marks a significant time of change in the life of a woman, one that requires reflection and planning before the baby arrives. That eagerness to prepare, however, often collides with a reality that obstetricians know all too well: pregnancy can be highly unpredictable.

A major goal of obstetricians and midwives is to help each patient achieve the pregnancy the expecting mother desires while navigating some of the inevitable twists and turns. "A solid doctor-patient relationship is the key to empowering patients and helping them enjoy the journey," says OB-GYN physician Aparna Sridhar, MD. "Every pregnancy is unique in its own way. The best thing a patient can do is to get information to prepare, but not indulge in too much comparing with others."

Pregnant patients often enjoy talking to other women about their experiences and sharing information, often via social media. Moreover, expectant mothers are bombarded with media, ads and unsolicited opinions of acquaintances. Such information can be overwhelming and make it hard for pregnant patients to know their own mind, Dr. Sridhar says.

She recommends that expecting mothers begin a conversation as early as possible with their health care provider. "Even prior to becoming pregnant, speak with your provider about your medical history, surgeries, allergies, medications, cultural values, mental health status and social life," Dr. Sridhar says.

"It is equally important to partner with a health care provider who listens to you, respects

your cultural values, believes in a shared decision-making process and earns your trust," Dr. Sridhar advises. Think about if you would like to see one provider during the entire pregnancy and childbirth or if you wish to see a group of providers. Do you want to work with a doula? Where do you want to deliver, and what is that facility like? "You really need to understand what the prenatal care is going to be and where you are going to deliver, so there are no surprises during late pregnancy and delivery," Dr. Sridhar says. "It is good to establish trust between the provider, or providers, so you have the ability to express your concerns."

Write down your questions before each prenatal visit and participate in prenatal education through classes, books or online

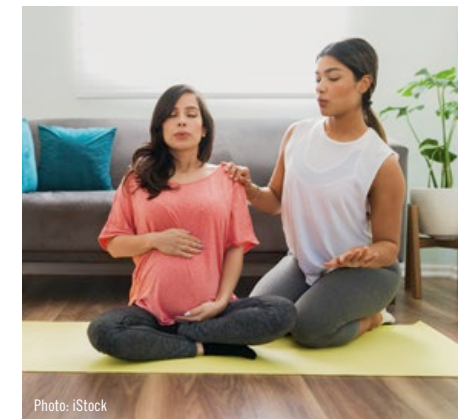


Photo: iStock

educational materials. Pre-planning is important, Dr. Sridhar says. "Tour the facility you plan to use; take classes in birth preparation, breastfeeding and infant care."

While preparation will help put you in control, the key to a fulfilling pregnancy journey is to expect the unexpected, she adds. There is only so much you can prepare for. The rest can be a surprise. "I prefer the term 'birth preference' to 'birth plan,'" Dr. Sridhar says. "Speak up about your preferences and cultural values but also have

"It is equally important to partner with a health care provider who listens to you, respects your cultural values, believes in a shared decision-making process and earns your trust."

realistic expectations. Autonomy is what we are striving for when we give care. But we should set realistic expectations about the unpredictability of this process."

When something unexpected arises, seek information, she says. Women who do so feel empowered. "Ask about the risks and benefits of an intervention. What are the alternatives?" Dr. Sridhar says. "Then make an informed choice."



Dr. Aparna Sridhar speaks with a patient.

Photo: Courtesy of Dr. Sridhar Aparna

Continued from cover

Concerns arise over diabetes medications used for weight loss

that purpose. Consumer demand has occasionally created critical shortages of semaglutide.

UCLA health experts urge people who wish to lose weight to fully understand their treatment choices before seeking a prescription for semaglutide. "Many of our patients are seeing benefits from these drugs," says Matthew Freeby, MD, director of the Gonda Diabetes Center at UCLA. "It's great for people taking these medications for diabetes or obesity. But the shortages caused by the off-label effect are problematic."

Nationwide, patients with diabetes are routinely reporting difficulty filling their prescriptions for semaglutide. Dr. Freeby says he receives several e-mails a week from patients unable to fill their prescriptions. "The shortage has required us to lower dosing or switch to another medication in the same class," Dr. Freeby says. "But then we see shortages in the other brands, as well. We're having to do a lot of workarounds."

Type 2 diabetes involves dysfunction in the way the body uses sugar, often resulting in too much sugar in the blood and subsequent damage to a number of organs and tissues. Semaglutide, an injectable drug, prompts the body to release insulin to reduce blood sugar. It also acts on chemicals in the brain that control appetite. People on the medication feel full faster. "We've seen benefits from this drug with not only diabetes control but in reducing the risk of other diabetes-related conditions, such as heart disease, kidney disease and obesity," Dr. Freeby says.

Studies show people taking semaglutide lose an average of 15% of their body weight. Semaglutide has been available as a diabetes medication for many years. In 2021, the Food and Drug Administration approved it for weight loss — marketed under the brand name Wegovy. The drug is intended for people who are overweight (a body mass index greater than 27) with one or more obesity-related


medical conditions or people with a BMI of 30 or greater. It is not intended for mildly overweight individuals who are simply looking to lose a few pounds.


Wegovy is rarely covered by insurance and costs about \$1,300 a month, says Zhaoping Li, MD, director and division chief of clinical nutrition. Moreover, some evidence suggests patients regain weight after stopping the injections. For that reason, Dr. Li urges people who do not need semaglutide for diabetes to consider the range of options for weight loss, including medications, bariatric surgery, diet and exercise.

"I do prescribe semaglutide for some of my weight-loss patients, under specific circumstances," Dr. Li says. "But when a patient comes to me and requests the drug, I tell them this is a great opportunity to learn to eat right and have a healthy lifestyle to help them maintain weight loss. We can't simply say, 'Ah-ha! We have a drug! Now you don't have to worry.'"

Semaglutide carries some side effects, Dr. Li adds, including pain and redness at the injection site and nausea.

Proper use of diabetes medications may continue to be an issue in the future, Dr. Freeby notes. Last year, the FDA approved another diabetes drug, tirzepatide, that combines two hormonal agonists. Studies show patients experience significant weight loss on the drug, but it's only approved for diabetes, so far. "Longer term, I think we'll see more medications for diabetes and weight loss," Dr. Freeby says. "The challenge is to find that fine line between the most potential benefit in this class of medications and making sure we're using them for the purpose they're approved for."

 **For more information about the UCLA Gonda Diabetes Center, go to:**
uclahealth.org/locations/gonda-diabetes-center

 **For more information about UCLA Health clinical nutrition, go to:**
uclahealth.org/medical-services/clinical-nutrition

Is social media harming youth?



Since social media took off as a popular phenomenon in the early 2000s, the rate of adolescent depression has significantly spiked. Between 2005 and 2017, depression among young people went up 52%, according to a study by the American Psychological Association. April Thames, PhD, professor-in-residence of psychiatry and biobehavioral sciences, attributes the sharp increase to a peer-induced quest to be “perfect” — or to at least appear that way.

“A large part of the mental distress is around the pressure for perfection,” Dr. Thames says. “When you see people on these platforms

constantly putting up in-your-face posts of their fabulous trips and beautiful filtered pictures, it creates a false standard for the youth, who are still trying to figure out their identity and where they fit in.”

What is it about social media that triggers negative responses?

It comes down to a particular area of the brain. “We know that the brain, particularly the prefrontal cortex, does not fully develop until around the age of 20,” Dr. Thames says. This is the region of the brain that is associated with moderating social behavior, decision-making and personality expression.

“I’m not trying to be a pessimist, but we’re seeing the percentages rise with youth-related depression and anxiety, and much of it is due to social media. Our profession must start to look carefully at the different ways we offer mental health services.”

Because these behaviors have not yet fully developed in the young brain, many adolescents and young adults respond to stimuli they see on social media using other areas of the brain that are more emotionally reactive. This, says Dr. Thames, can lead to anxiety or severe depression when they encounter something on social media they don’t like or that is negatively directed toward them.

Dr. Thames believes that the ongoing flood of social media will continue to make the problem worse, and that mental health professionals will be challenged to address the issue. “I think the mental health of Americans is going to continue to deteriorate,” Dr. Thames says. “I’m not trying to be a pessimist, but we’re seeing the percentages rise with youth-related depression and anxiety, and much of it is due to social media. Our profession must start to look carefully at the different ways we offer mental health services.”

The problem has become so great that institutions outside of the mental health field are looking for ways to address the issue. Recently, for example, Seattle Public Schools

filed a 91-page lawsuit against the big-tech companies responsible for creating Instagram, Facebook and YouTube, among others, to hold them accountable for the mental health crisis among youth.

Fixation on “likes” and, also, negative comments online are among the driving factors contributing to the crisis, Dr. Thames says. “Unfortunately, we tend to remember negative feedback more than we do positive, and on social media, those remarks linger where everybody can see them,” she says.

Social media can distort how people view themselves, Dr. Thames adds. Sadly, many youths wrap their identity within the cloak of their standing on social media. One way to change this would be for social media platforms to create more spaces for teens and young adults to receive encouragement and positive feedback.

“What I would like to see is social media form a place for youth to have very positive self-affirming and purposeful reflection,” she says. “Because the brains of young people are

not yet fully developed, they are unable to see the positive outcomes at the end of all they are going through,” she continues. “It’s very important that we create scenarios where they can see the possibilities for who they can be.”



For more information about UCLA Health behavioral health services, go to: uclahealth.org/medical-services/behavioral-health



Hybrid therapy becomes treatment of choice for select abdominal tumors

A therapy utilizing a hybrid technique of surgical tumor removal and application of heated chemotherapy drugs to an affected area has become a well-established treatment for select groups of abdominal tumors.

Hyperthermic intraperitoneal chemoperfusion (HIPEC) is a two-step procedure that treats certain cancers in the abdomen, explains Jonathan C. King, MD, assistant professor of surgery. Using the procedures, cancerous tumors are surgically removed, followed by application of heated chemotherapy drugs directly inside the abdomen to eliminate remaining cancerous cells. The medication does not cross into the bloodstream, which minimizes potential side effects and allows for a higher, more effective dose of chemotherapy than would be possible if given intravenously.

“For these specific types of tumors, HIPEC is, in some cases, the only viable treatment option,” Dr. King says. He notes that it is effective for tumors that have spread only in the belly cavity and not to other organs such

as the liver, lungs or through the bloodstream or lymphatic space.

“The rationale is that by instilling the chemotherapy at the location of the tumor — and heating it — we achieve very high therapeutic doses of the drug without the whole-body side effects that can occur from intravenous (IV) chemotherapy,” he continues.

While HIPEC was introduced about four decades ago, it was not widely applied due to a lack of surgeons trained to perform it. UCLA is one of only a handful of centers in California to offer the treatment.

HIPEC most commonly is used with patients with mucinous tumors of the abdomen, including the appendix, and occasionally mesothelioma of the abdomen. “For these lower-grade tumors, it is potentially the mainstay of therapy,” Dr. King says. “Those are surgical diseases, so it’s a very clear indication. For this group, HIPEC improves survival and can even cure some of those lower-grade tumors that have only spread in the belly cavity.”

HIPEC most commonly is used with patients with mucinous tumors of the abdomen, including the appendix, and occasionally mesothelioma of the abdomen.

Other patients who might benefit from the procedure are those with colon and ovarian malignancies, but Dr. King notes that HIPEC is not appropriate for all such patients. “This is where it becomes an individualized treatment decision for when the disease spread is not maximal, but only within the belly,” he says. He adds that candidates’ tumors must be responsive to IV chemotherapy and the patient must be fit for surgery.

In such cases, HIPEC generally is an adjuvant to IV chemotherapies and is not usually a curative process. Rather, its aim is to extend survival by avoiding symptoms of spread within the abdomen. It can offer as much as a year of life above what traditional chemotherapy alone would offer, Dr. King says.

“Except for mucinous tumors where HIPEC is the standalone therapy, the best role for this service is in cooperation with other therapies,” Dr. King says. “We need to help physicians determine the optimal candidates and spread the word that we have this treatment available at UCLA.”

For more information about HIPEC therapy at UCLA Health, go to: ucla.in/HIPEC or scan the QR code.

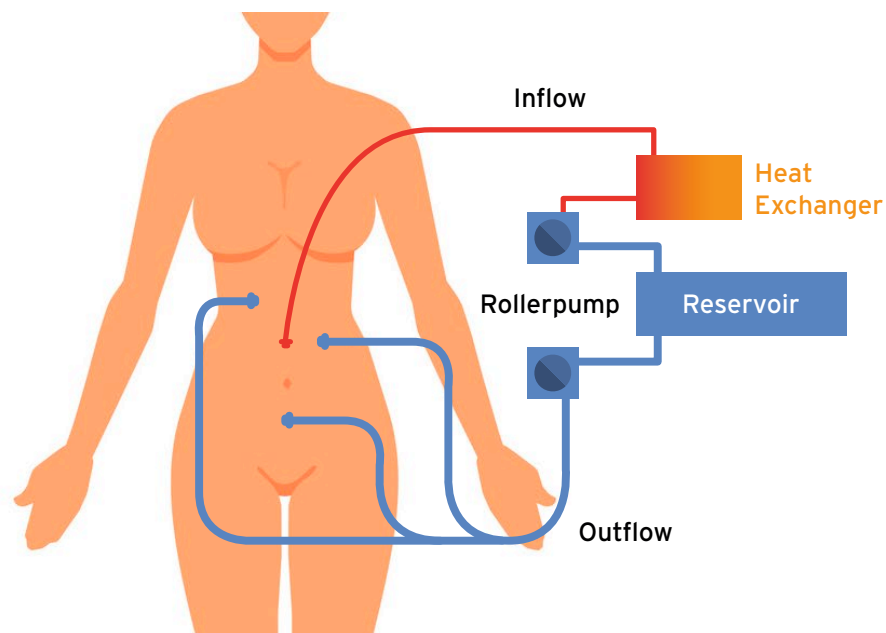


Illustration of HIPEC procedure. Illustration: Rent Control Creative / iStock

ASK THE DOCTORS

Pet Therapy

“Ask the Doctors” is a nationally syndicated column written by Eve Glazier, MD, president of the UCLA Health Faculty Practice Group, and Elizabeth Ko, MD, medical director of the UCLA Health Integrative Medicine Collaborative.



Drs. Elizabeth Ko and Eve Glazier. Photo: Juliane Backman



Illustration: Maitreyee Kalaskar

DEAR DOCTORS: I have shared my home with pets my whole life. I am now 76, a widow, and my menagerie is down to two small dogs. I just saw on the news that pets keep you mentally sharp. Is that true? I’d like to be able to reassure my sons that my furry companions are a boon and not a burden.

DEAR READER: We’re happy to report that a wealth of research continues to find that living with a companion animal is associated with a wide range of benefits. These include enhancing the pet owner’s physical, emotional and mental health, and generally improving their quality of life. We suspect that the news report you saw

was tied to a recent study that focused on pet ownership among older adults. The results, which were published last summer in the *Journal of Aging and Health*, suggest that growing older while living with a companion animal can play a role in preserving cognitive function. In their study, the researchers used data gathered by the Health and Retirement Study. That’s an ongoing investigative project that involves about 20,000 adults in the U.S., all of them 50 years of age or older. The researchers regularly conduct in-depth interviews with the participants and use tests and other diagnostic tools to amass data about

aging. This includes details about physical health, social life, family life, employment, mental health and changes to cognition.

In the pet study you’re asking about, the researchers focused on 1,369 adults who did not have any existing cognitive problems. The participants were divided into three categories — those without a pet, those whose pet had been with them fewer than five years and those living with a pet for five years or more. When the researchers analyzed the cognitive data collected over the course of six years, a surprising connection to pet ownership emerged. Those individuals who lived with a pet performed better on tests that measured

both long- and short-term memory than did people of the same age but who did not live with a pet. This beneficial effect of living with a companion animal was even more pronounced in people whose pets had been with them five or more years. Interestingly, this protective effect was seen only in study participants who were 65 years of age or older. That’s the age at which it becomes more likely for the symptoms of either cognitive decline or dementia to begin to manifest.

As for why living with a companion animal appears to benefit cognition, the researchers suspect several factors may be at play. Health data showed that the pet owners in the study tended to have lower body-fat percentages, better blood pressure and a lower incidence of diabetes than those without pets. This pointed to greater levels of physical activity, which has long been linked to improved cognitive health. The group with pets also reported lower levels of stress, anxiety, depression and loneliness, each of which have been shown to adversely affect mental function. We hope this helps you explain to your sons that your dogs are not only a bright spot in your life but quite possibly just what the doctor ordered.

To Ask the Doctors, e-mail: askthedoctors@mednet.ucla.edu

Community Health Programs

MAY / JUNE / JULY 2023 COMMUNITY CALENDAR EVENTS

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

CARE PLANNING

Advance Care Planning

Advance care planning is a gift you give your loved ones who might otherwise struggle to make choices about your care in the event you are unable to. This session provides an introduction to care planning.

When: Wednesdays, May 17, Jun. 28 and Jul. 26, 6 – 7:30 pm

Where: Teleconference sessions

Register: ACP@mednet.ucla.edu

DIABETES

Living with Type 2 Diabetes

These ADA-certified self-care classes will help you gain important skills, knowledge and confidence to successfully manage your diabetes. Sessions will cover risk reduction, nutrition, medication and being active.

When: Thursdays, 10:30 am – noon

Where: Teleconference sessions

Info & scheduling: diabeteseducation@mednet.ucla.edu

HEALTH EMERGENCIES

Save-a-Life Workshop

Learn how to save a life! Learn the signs and symptoms of common emergencies like choking, heart attack, stroke and allergic reaction.

Lifesaving skills like hands-only CPR, stopping severe bleeding and calling 9-1-1 — what to know, say and do — will all be covered.

When: Tuesday, Jul. 18, noon – 1 pm

Where: Teleconference session

RSVP: cpc.mednet.ucla.edu/save-a-life

KIDNEY DISEASE

CHAT with Dr. Anjay Rastogi and the CORE Kidney Team

Professor and Clinical Chief of Nephrology and Director of the CORE Kidney Program, Anjay Rastogi, MD, PhD, and Circle of CORE, a patient advocacy and support group, will discuss a wide variety of topics related to kidney disease and high blood pressure, including prevention, diagnosis, management, nutrition, exercise, mental health, dialysis, transplantation and kidney-friendly life choices. Other health care providers, including dietitians and psychologists, will join the session. The sessions are interactive, with an opportunity to ask questions during the event. You can also send in your questions in advance to COREKidney@mednet.ucla.edu.

When: Monday, May 1; Thursday, Jun. 1 and Saturday, Jul. 1, 5 – 6 pm

Where: Teleconference session

RSVP: tinyurl.com/rastogi-chat

Kidney Health Q and A

Dr. Ira Kurtz, Distinguished Professor and Chief of the Division of Nephrology at UCLA, hosts a monthly Q & A session on all aspects of kidney disease.

Dr. Kurtz will answer questions on the various causes of acute and chronic kidney disease and medications that injure the kidneys among other kidney-related topics, including treatment options.

When: Thursdays, May 18, Jun. 15 and Jul. 20, 7 – 7:45 pm

Where: Teleconference session

RSVP: 310-463-3618 or lbium@mednet.ucla.edu

MOVEMENT DISORDERS

How to Shake the Shakes

UCLA neurosurgeon Dr. Ausaf Bari will discuss treatment options to cope with tremors, including medicines, surgery (deep-brain stimulation) and noninvasive therapies. Lecture followed by Q & A.

When: Saturday, May 6, 1 – 4 pm

Where: Bakersfield Memorial Hospital Conference Center

RSVP: ucla.tremor@gmail.com

MULTIPLE SCLEROSIS

REACH to Achieve Program (ongoing)

This weekly wellness program focuses on fitness, memory, emotional well-being, recreation, nutrition and health education for individuals living with multiple sclerosis.

Where: Marilyn Hilton MS Achievement Center and via Zoom

Info & application: 310-267-4071

CogniFitness

A four-week program for those with MS who are experiencing mild cognitive problems. Learn strategies to improve concentration, memory, organization, problem-solving and critical-thinking skills.

When: Saturdays in July, 10 am – noon

Where: Teleconference sessions

Info & application: 310-267-4071

Exercise and MS

Learn from an MS exercise specialist how to use exercise to improve your overall wellness and help manage your MS symptoms. This 12-week program is for those who can easily walk 25 feet without a cane or walker.

When: Mondays, starting in June

Where: Teleconference sessions

Info & application: 310-267-4071

PODIATRY

Ankle Arthritis and Ankle Replacement

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

When: Tuesday, May 16, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

Heel and Ankle Pain

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

When: Tuesday, Jun. 20, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

Bunions and Bunion Surgery

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

When: Tuesday, Jul. 18, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

STRESS REDUCTION

Mindfulness Classes and Events (ongoing)

UCLA Mindful Awareness Research Center offers classes, workshops and events for the public to learn mindfulness techniques and practices to reduce stress and promote well-being. Free Monday and Thursday 12:30 pm meditations.

Where: Teleconference session

Info: uclahealth.org/programs/marc

WEIGHT MANAGEMENT

Healthier Weight Management Webinar Series

This eight-week course is designed to promote lifestyle modifications for weight reduction and long-term weight maintenance. UCLA physicians and dietitians specializing in weight management lead the presentations on nutrition, exercise, stress management and more.

When: Tuesdays, 3 – 4 pm; recorded sessions available to registered attendees

Where: Teleconference sessions

Info & cost: uclahealth.org/clinicalnutrition/healthier-weight-management; \$80 for eight-week course

RSVP: 310-825-8173



UCLA patients need blood donations

The need for blood and plasma during the COVID-19 pandemic remains acute. Blood donation is a way for healthy people to make a significant contribution during this difficult time. The UCLA Blood & Platelet Center follows the precautions recommended by the American Association of Blood Banks to keep donors and staff safe. For more information and to schedule an appointment to donate, go to: uclahealth.org/gotblood



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COVID-19 Clinical Trials

UCLA conducts research for a wide range of medical disorders and offers patients opportunities to participate in research and clinical trials. At right is a description of just one of our many active clinical trials dedicated to the research and treatment of COVID-19, followed by a list of some of the other clinical studies at UCLA Health that are actively recruiting participants.


COVID evaluation of risk for emergency departments (COVERED) project

This CDC-sponsored surveillance project is designed to assess risk exposures and COVID-19 infections among working emergency-department personnel. The project will require participants to provide ongoing information on risk exposures and will collect additional information on institutional and community risks. These risk assessments will be combined with assessment of disease status as determined by serologic testing at two-week intervals. The goal of the project is to identify the most important and potentially correctable risk factors that emergency-department personnel face while dealing with the coronavirus pandemic.



More open and actively recruiting clinical studies at UCLA Health:

- EPIC-Peds: A study to learn about the study medicine called PF-07321332 (Nirmatrelvir)/Ritonavir in patients under 18 years of age with COVID-19 who are not hospitalized but are at risk for severe disease
- The effect of the COVID-19 pandemic on glaucoma care
- Accelerating COVID-19 therapeutic interventions and vaccines 4 ACUTE
- COVID-19 questionnaire in UCLA rheumatoid arthritis patients
- Role of children in transmission of COVID-19 to immunocompromised patients
- Observational cohort of hospitalized patients with COVID-19 at UCLA
- COVID-19 booster vaccine in autoimmune disease non-responders
- An observational study evaluating viral shedding and development of immune responses in mother-infant pairs affected by COVID-19
- COVID-19 surveillance in health care workers and patients: observational studies from the influenza vaccine effectiveness in the critically ill (IVY) network
- COVID-19 critical care consortium incorporating the extracorporeal membrane oxygenation for 2019 novel coronavirus acute respiratory disease (ECMOCARD)
- COVID-19 Outcome Prediction Algorithm
- Study to evaluate the safety, tolerability, pharmacokinetics and efficacy of Remdesivir (GS-5734™) in participants from birth to < 18 years of age with coronavirus disease 2019 (COVID-19)
- Mechanical interventions for persistent hypoxemia in patients receiving VV ECMO for COVID-19: a multicenter retrospective study

 For more information, including a full list of active COVID-19 clinical trials at UCLA Health, please visit uclahealth.org/clinical-trials and search for COVID-19.



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Marketing Communications, Box 956923
Los Angeles, CA 90095-6923
uclahealth.org
e-mail: VitalSigns@mednet.ucla.edu