

# Vital Signs

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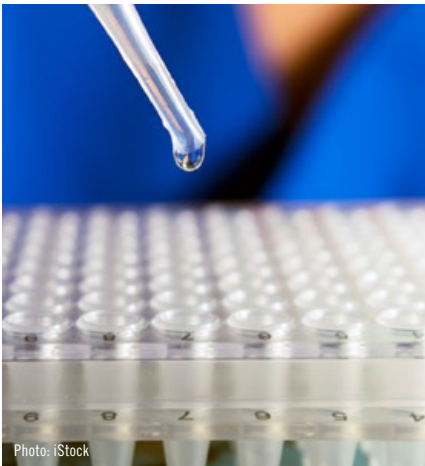


Photo: iStock

## Pioneering protocol could 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 protocol being implemented at UCLA Health with select living-donor

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Photo: iStock

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## UCLA Health addresses mental health issues

To address the rising burden of mental health issues in the United States, UCLA Health is collaborating with leading global technology organizations to change how mental disorders are predicted and prevented across diverse populations. It has created a research registry focused on using smart health technology to explore how to diagnose, monitor and improve mental health. Registration is open to all.

To register for the survey, go to:

[tinyurl.com/Smart-Health-Technology-Survey](https://tinyurl.com/Smart-Health-Technology-Survey)



## Get back to health

UCLA Health joins four other Los Angeles County health systems for the BetterTogether.Health coalition. The public service campaign features patient heroes to encourage Angelenos to put their health first and access care when needed. The campaign takes you inside the lives of these courageous heroes who overcame challenges of serious disease and returned to what they love most.

To learn more and see the stories of 11 health care heroes, visit [bettertogether.health](https://bettertogether.health).



# It's time to catch up on annual preventive visits

Many adults have skipped their regular check-up, whether due to concerns about COVID-19 or because they were able to address some health issues via telehealth. However, regular check-ups allow physicians to detect and manage their patients' health in a manner that can be done only in person. John D. Fernandez, MD, a UCLA internal medicine physician in Beverly Hills, and Jose Soza, DO, a family medicine physician in downtown Los Angeles, discuss the value of regular annual preventive visits and why they should not be delayed any longer.

### What is the purpose of regular exams?

"The annual check-up is all about prevention," Dr. Fernandez says. "The pandemic has shown us prevention is key for infectious diseases. It's also key to preventing or heading off many other kinds of disease." He notes that annual physicals help physicians assess their patients' health regardless of whether or not the patient is experiencing symptoms. Many serious health problems, such as diabetes, high blood pressure and high cholesterol, may not cause immediate symptoms but can grow more severe when left untreated.

### What can patients expect during a typical annual exam?

Dr. Soza explains that a medical assistant or nurse will take the patient's vital signs, including blood pressure, pulse, temperature, breathing rate and oxygen level. The physician will ask about any current concerns, discuss previously identified

conditions or issues, and also review the patient's medical history, environment, medications and allergies. A physical exam is tailored to each individual, based on factors like age, family history, lifestyle factors, and preexisting medical conditions. The physician will order appropriate vaccines and lab tests for the patient and check if test values have changed over time to identify any trends. "We discuss diet and exercise, since those are a large component of other underlying medical issues," Dr. Soza says. "We also screen for depression and anxiety."

Vaccines that may be due include the flu vaccine, recommended annually, and the Tdap (tetanus, diphtheria and pertussis) vaccine, recommended every 10 years. "Screenings are a vital component of annual exams," Dr. Soza says. "We'll discuss, perform or schedule cancer screenings such as colonoscopies, Pap smears, mammograms and prostate screenings."



Health System should bring records from their previous provider, such as test and screening results, he adds. "Don't wait to schedule your annual check-up," Dr. Soza says. "Addressing lifestyle issues and making sure you're up to date on vaccinations, labs and screenings is the best way to keep you healthy and avoid problems down the line."




Dr. John D. Fernandez.  
Photos: UCLA Health



Dr. Jose Soza.

### How can patients make the exam the most productive?

"It's always helpful to bring in your medications so we can review them, and to mention any physical changes you've noticed or health concerns you have," Dr. Fernandez says. Patients new to the UCLA

 To find a UCLA Health location near you, go to: [maps.uclahealth.org](https://maps.uclahealth.org)



# UCLA audiology storefront and clinic offers latest hearing-aid technology



Photo: Joshua Sudock

Hearing aids used to be cumbersome and uncomfortable to wear, but advances in technology have led to development of devices that today are smaller, more sophisticated and easier to use. Yet, only about 10-to-15% of people who could benefit from hearing aids actually have them, UCLA experts say.

“People with untreated hearing loss are more likely to become socially isolated, depressed,” says Alison M. Grimes, AuD, director of audiology and newborn hearing screening at UCLA Health. “It is best not to ignore hearing loss.”

To address this issue, UCLA Health has opened a retail clinic on Westwood Boulevard, near its medical plaza in Westwood, where consumers can walk in for information or make appointments for counseling, hearing tests, hearing-aid fittings and follow-up visits.

Pending legislation in Congress may make access to hearing aids even more widely available for many people who up to now may have been deterred by the cost. The proposed legislation would expand Medicare coverage

**Even today's basic digital hearing aids offer far more benefit than the best hearing aids of previous generations.**

to include hearing-care needs. The federal government also has proposed a new class of hearing aids, labeled over-the-counter, that would shift hearing aids away from a medical classification to more of a consumer product model, Dr. Grimes says.

While the technology has advanced significantly, the basic components of a hearing aid remain essentially unchanged: a microphone, a processor, a receiver and a power source. The differences lie primarily in the sophistication of the processor, which filters and amplifies sound. Even today's basic digital hearing aids offer far more benefit than the best hearing aids of previous generations. “There are hearing aids that range from very-low-end amplifiers to extremely high-end devices that are programmed and managed by an audiologist. We will have a wide range of options and price points for all patients,” says Ellen Wilson, executive director of therapy services at UCLA Health. “The difference we offer is that our hearing aids are fitted by an audiologist and not a technician at a big-box store.”

The retail clinic provides the same high-quality care that is offered in a medical setting, Wilson says, with trained and highly experienced professionals who work with consumers to find the best solution for an individual's lifestyle and budget. An initial 30-minute informational consultation for adults is provided at no charge.

In addition, the storefront's staff has access to UCLA Health physicians to assist with more complex cases. “We collaborate with the head and neck physicians,” Wilson says. “We look at these issues through a medical lens. If the hearing loss turns out to be something more serious, we can catch that during the hearing exam.”

The technological innovations available in today's devices may surprise some consumers. For example, many hearing aids are Bluetooth compatible, enabling them to wirelessly connect to a smartphone, improving sound quality and eliminating potential feedback from a microphone. Some higher-end devices

**“The difference we offer is that our hearing aids are fitted by an audiologist and not a technician at a big-box store.”**

even have artificial intelligence, which enables them to learn the optimal settings for different sound environments. And most come with smartphone apps that allow users to make adjustments, contact their hearing-care specialist and monitor battery life. Some also can route phone calls or other sources of sound directly to the user's hearing aid.

“Hearing aids have always been an important tool in health care,” Dr. Grimes notes. “Today's hearing aids — smaller, sleeker, more discreet — have come a long way from when they were designed to simply make all sounds louder. Now, they have the technology to help the user sort out intelligible speech from interfering noises. For someone who is having difficulty hearing, finding the correct aid can significantly improve their quality of life.”



For more information about UCLA Health audiology services, go to: [uclahealth.org/audiology-speech](https://uclahealth.org/audiology-speech)





Photo: iStock

# Sensory impairment and dementia risk: What's the connection?

Vision loss and hearing impairment are a natural part of aging for many people. But those sensory conditions may also mean they are more susceptible to cognitive decline, which can leave them struggling to remember, think and make decisions. Recent studies show that as people develop issues with vision and hearing, they could be up to twice as likely to develop dementia.

But needing glasses or a hearing aid does not necessarily mean one will develop dementia, says David Reuben, MD, chief of the UCLA Division of Geriatrics. “Researchers have studied the association between cognitive decline and sensory issues for years. There are a lot of associations with both vision and hearing loss, but the evidence is still

inconclusive,” Dr. Reuben says. “It’s still unclear whether or not hearing or vision loss contributes to developing dementia or if some of these impairments are simply a sign of cognitive decline.”

About 11% of Americans age 65 or older live with dementia — defined as severe cognitive decline that interferes with the ability to perform daily activities. But cognitive decline is a process that happens over time. Understanding that process may help someone to recognize the signs of cognitive issues early. The stages of cognitive decline include:

- **Normal aging:** One occasionally has trouble remembering names, words and parts of a grocery list, but usually recall them later.
- **Mild Cognitive Impairment:** A person’s memory issues become more common and may be apparent to others or during a doctor’s evaluation, but they do not interfere with daily functions or activity.
- **Dementia:** Memory deficits interfere with one’s daily functions, such as paying bills, taking medicine correctly, driving or self-care tasks such as bathing and dressing.

“Struggling to remember little things every once in a while is associated with normal aging. But if it becomes common or severe, the problem should be investigated further by your primary care provider,” Dr. Reuben says. “About 10-to-15% of people diagnosed with mild cognitive impairment will transition to dementia each

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**“Struggling to remember little things every once in a while is associated with normal aging. But if it becomes common or severe, the problem should be investigated further by your primary care provider.”**

year. That means about half of all people diagnosed will develop dementia within five years of diagnosis.”

Vision and hearing loss may also contribute to cognitive decline by resulting in social isolation, depression and decreased physical activity. “If you have hearing or vision loss, you’re missing out on what’s going on around you,” Dr. Reuben says. “If you don’t hear a conversation well or see what’s happening, it’s hard to fully process the information, which, in turn, may impair your function and your quality of life.”

If someone is experiencing such issues, Dr. Reuben again recommends speaking with one’s physician and receiving a full assessment. “Sometimes we have people come in with memory issues, but we’ll realize there’s hearing loss,” Dr. Reuben says. “In some instances, when they get a hearing aid, their memory concerns are less.”

In addition to keeping one’s eyes and ears working well, there are other proven ways to lower someone’s risk for dementia. Dr. Reuben recommends lifestyle changes that include maintaining healthy blood pressure and cholesterol levels; finding an enjoyable activity that challenges one’s brain in ways other than typical daily activities; eating a diet rich in fruits, vegetables and whole grains; and exercising daily.

“None of these changes are easy,” Dr. Reuben says. “They all require behavioral modification and a commitment. While there is no certainty or guarantee that you won’t develop dementia, making lifestyle changes is the best way to lower your risk.”

## Pioneering protocol could enable transplant recipients to thrive without antirejection drugs

kidney-transplant patients is bringing that dream closer to reality.

“It is the Holy Grail,” says renal-transplant surgeon Jeffrey Veale, MD, who has led the pioneering effort to develop the protocol.

The aim of the new protocol, which has received approval for coverage by Medicare, is to achieve “tolerance” by priming the immune system of an organ recipient to accept a donated organ as its own — to recognize it as “self” — without rejection. And without rejection, there is no need for harsh immunosuppressive drugs to tamp down the attack the recipient’s body would otherwise launch on the new organ.

The protocol brings together a broad range of specialties, including nephrology, urology, hematology, radiation oncology and others, for a series of treatments to train the transplant recipient’s body to accept the new organ. “It requires a lot of interplay between different divisions,” says transplant nephrologist Erik L. Lum, MD. “This really demonstrates the strength of a place like UCLA. You can’t do this just anywhere. It’s a huge collaboration.”

Dr. Veale and his team have thus far performed the protocol, which was developed with the support of the regional organ-donation nonprofit OneLegacy Foundation, with several well-matched sibling pairs of donors and recipients. While UCLA is not the first center to employ the transplant-tolerance protocol with well-matched sibling pairs — it is the fourth in the U.S. and the fifth in the world to do so — it currently is the only center in the country doing so. UCLA also is moving forward to extend the protocol to nonsibling pairs and then to deceased donors. That is where the real difference will be made, say Dr. Veale and others involved in the project, noting that deceased donors accounted for more than 77% of the 22,800 kidney transplants that were performed in the United States in 2020.

Achieving the goal of extending the protocol to deceased donors would have

an enormous impact on transplantation medicine, potentially allowing for other kinds of transplants — from solid organs to composite-tissue allografts such as arm, leg or face transplants — to be performed more successfully. “It opens up a whole new world,” Dr. Veale says.

With traditional transplants, the body recognizes the new organ as a foreign invader, prompting the immune system to attack. A regimen of antirejection drugs suppresses this natural response. The drugs, which in themselves carry potentially significant risks, remain necessary throughout the patient’s life because the body continues to see the organ as foreign.

The tolerance approach calls for blending the donor’s and recipient’s immune systems through an infusion of the organ donor’s stem cells shortly after the organ transplant. Called “mixed chimerism,” this blending prompts the recipient’s body to recognize, rather than reject, the new organ. “If you have introduced both the donor’s stem cells and organ, then the recipient’s immune system recognizes that organ as self,” Dr. Veale says.

“Stem-cell transplants and solid-organ transplants are usually conducted very independently of each other,” says bone-marrow transplant specialist Neil Kogut, MD, who worked closely with Dr. Veale to develop UCLA Health’s transplant-tolerance protocol. “This protocol is a unique opportunity to bring stem-cell transplantation and solid-organ transplantation together to try to achieve something very positive for transplant recipients. It is a unique synergy of these two fields.”



For information about the UCLA Alzheimer’s and Dementia Care Program, go to: [uclahealth.org/dementia](http://uclahealth.org/dementia)



For more information about UCLA Health’s transplant-tolerance program, go to: [tinyurl.com/UCLA-Transplant-Tolerance](http://tinyurl.com/UCLA-Transplant-Tolerance)

# Why a third dose of COVID-19 vaccine is needed



As infections from the delta variant surged and studies showed decreasing protection from the virus, supplemental, or “booster,” third shots of the COVID-19 mRNA vaccines — Pfizer or Moderna — were made available to Americans who had received their second dose at six months prior. UCLA infectious-diseases specialist Otto Yang, MD, talks about the need for a booster, particularly now with the emergence of the new omicron variant.

## Did experts expect there to be a need for a supplemental dose?

**Dr. Yang:** Many of us expected it. A lot of studies show that antibodies drop over time pretty quickly, either after natural infection or after vaccination. There are parallels to other common cold coronaviruses. It’s well known that immunity against those only lasts for a few months. It’s not surprising that this coronavirus also has fairly short-lived immunity.

## How have the new variants impacted the need for boosters?

**Dr. Yang:** They have accelerated it. The antibodies are dropping over time. The amount you need to protect against the original strain is much less than the amount you need to protect against delta, and perhaps omicron, as well, since they’re not specifically directed at those variants. So, antibodies drop below the level

**“There are parallels to other common cold coronaviruses. It’s well known that immunity against those only lasts for a few months.”**

Photo: iStock



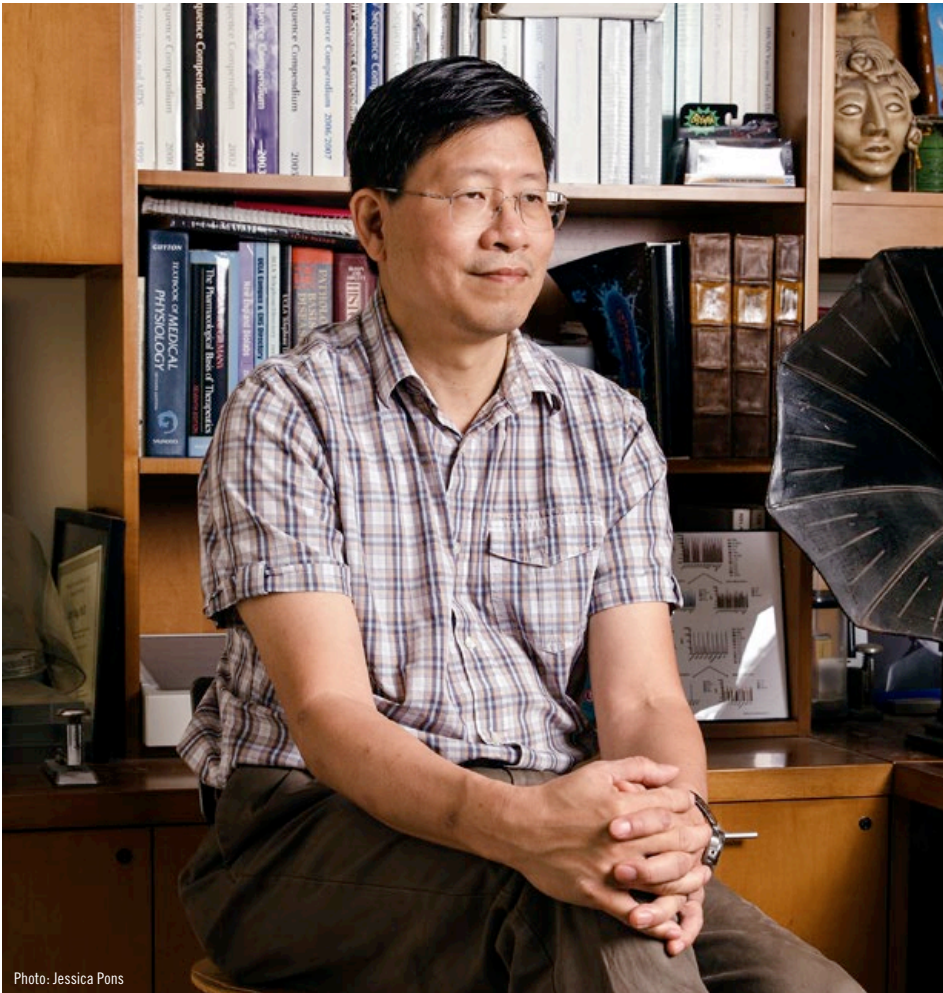


Photo: Jessica Pons

to protect against variants much sooner than against the original strain.

### How effective do you expect supplemental shots with the original vaccines to work against the variants?

**Dr. Yang:** They should still be effective. If the booster does bring the levels of antibodies up, then the antibodies should still cover the current variants once they reach sufficient levels. There's also the possibility boosters will improve the quality of the antibodies, as well. The more the immune system is exposed to something, the better those antibodies become with repeated exposure.

### Is there something special about the six-month time frame for someone to receive a third dose?

**Dr. Yang:** There's nothing magic about it. The decision to administer boosters, originally at the eight-month mark and now at six months, was based on what had been observed up to that point, which are breakthrough infections. Israel

has a really great program in place to monitor their population because they have a centralized health system. Their data show that within four or five months, the efficacy of the vaccine drops tremendously, in terms of preventing someone from getting infected. However, the good news is that looking at the same data, the vaccine protection from getting seriously ill and requiring hospitalization was still way over 90%. I think what that means is that while people who were vaccinated several months ago are becoming more and more susceptible to getting infected and spreading the virus, it looks like they're still protected from getting seriously ill.

### Based on your research, do you think fully vaccinated people who have previously had COVID-19 need a third dose?

**Dr. Yang:** They probably will need a booster, but they may not need it as soon for a couple of reasons. They start off with higher levels of antibodies. Even if their antibodies are dropping, they're not going to reach the same critical level

as quickly as someone who didn't previously have COVID.

### Is there anyone who likely would not need a third dose, such as healthy young adults?

**Dr. Yang:** Probably everybody should get a booster. The vaccines are so safe and effective, and the risks of them are so small, there really isn't a downside to getting a booster, especially if someone has already tolerated the first shots.

**"If the booster does bring the levels of antibodies up, then the antibodies should still cover the current variants once they reach sufficient levels."**

### Do you think we will need a COVID-19 shot every year like with the flu vaccine?

**Dr. Yang:** My guess is that it's probably going to be annual vaccination and, depending on how quickly the virus continues to evolve, it may need to be one that's against the prevalent circulating strain, like the flu vaccine. It's still not clear how long vaccine protection lasts with antibodies. The variants have kind of thrown a wrench in that, so we don't know how long immunity would have lasted with the original strain.

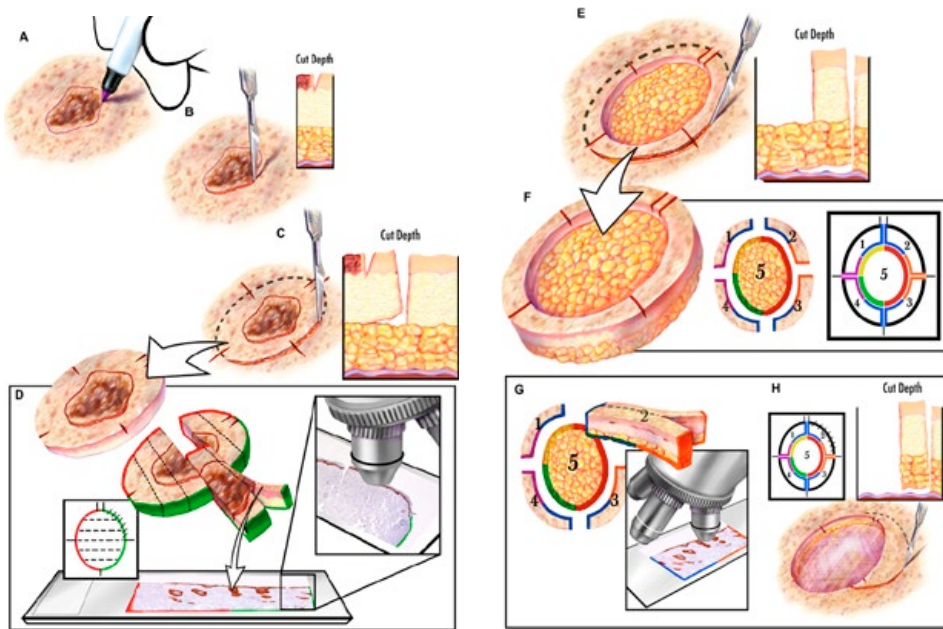
### What's more effective: getting first doses to more Americans or providing supplemental doses to those who already have been vaccinated?

**Dr. Yang:** I think both should be prioritized. If the goal is personal protection, then getting boosters is pretty important because eventually a person's T cells may also go down — it is the T cells that protect us if the virus gets past our antibodies — and then people won't be protected in terms of getting really sick or dying. In terms of public health and reducing spread of the virus, even somebody who is some months out from having received their second dose of vaccine will get milder infection and be less contagious. So, you might get more bang for your buck if it goes into somebody that hasn't been vaccinated at all. And, of course, those people are at much higher personal risk of severe illness.



To keep up with the latest COVID-19 developments, go to: [uclahealth.org/conditions-we-treat/coronavirus](https://uclahealth.org/conditions-we-treat/coronavirus)

# UCLA Health offers game-changing treatment for early-stage melanoma



Illustrations show tissue-processing techniques utilized during Mohs micrographic surgery for tumor staging and complete 360-degree margin control.

Illustrations: Dr. Jeremy Robert Etzkorn, Dr. Joseph F. Sobanko and Dr. Rosalie Elenitsas / *Journal of the American Academy of Dermatology*

A new technique available at UCLA Health to treat early-stage melanomas has demonstrated success in achieving cure rates greater than 99%. “It is the single best thing that’s happened in the surgical management of early melanomas in functionally or cosmetically challenging areas,” says dermatologic surgeon Teo Soleymani, MD.

UCLA Health is the first center in Southern California to employ the procedure, which uses standard Mohs micrographic surgery — considered the gold standard for treatment of the most common forms of skin cancer — combined with a technique called intraoperative immunohistochemical staining. Immunohistochemical staining uses specialized antibodies that specifically target melanoma cells, so the surgeon can precisely visualize where the tumor begins and ends. This, Dr. Soleymani says, eliminates the “guess work” and the need to take large amounts of tissues, and it enables the surgeon to fully remove the tumor with nearly 100% accuracy.

Results from several landmark studies

of the combined Mohs-immunohistochemical staining procedure have shown a tumor-cure rate of 99.5% to 99.8%, says Dr. Soleymani, who introduced the procedure at UCLA Health.

UCLA is the only center in Southern California offering the treatment, which is available at only a handful of top health care institutions across the country. “It’s nice to add UCLA’s name to this elite group of premier institutions,” Dr. Soleymani says.

Dr. Soleymani calls this treatment a game changer for older adults, who grew up in an era when sun protection wasn’t stressed. It is designed to treat early-stage melanomas in challenging areas, such as the head, neck, hands, feet and genitalia, and those that arise from chronically sun-damaged skin. He notes that melanomas in those areas are particularly difficult to treat because of the difficulty in obtaining clear surgical margins — the noncancerous, healthy tissue surrounding the melanoma — with standard techniques.

Dr. Soleymani gives the example of a melanoma on the rim of the nose or the

**Results from several landmark studies of the combined Mohs-immunohistochemical staining procedure have shown a tumor-cure rate of 99.5% to 99.8%.**

eyelid, for which surgeons are often unable to take a standard margin or a large piece of healthy tissue around the tumor, which would result in significant cosmetic and functional disfigurement. More significantly, much of the extent of the melanoma is beyond what a surgeon’s eyes can see, he says.

“With this new technique, we’re able to remove the tumor and process it in a way where we can look at 100% of the margin, but also use these newly advanced antibody stains to stain for the tumor right at the time of surgery,” Dr. Soleymani says. “If the tumor has roots going deep or to the side, we can see that with these stains.”

The patient is fully awake during surgery, and reconstruction is often performed on the same day. Dr. Soleymani notes that the procedure is particularly beneficial for patients in sunny states, such as California, where the incidence of melanoma has been increasing. “Levels of breast cancer and lung cancer have plateaued, but every year melanoma increases,” he says. “It’s great to now have this treatment option for our aging population.”



For more information about the Mohs procedure and other dermatologic surgeries at UCLA Health, go to: [uclahealth.org/dermatology/dermatologic-surgery](http://uclahealth.org/dermatology/dermatologic-surgery)



## ASK THE DOCTORS

# Lessons from Grandma: Medical-grade honey helps heal wounds

“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

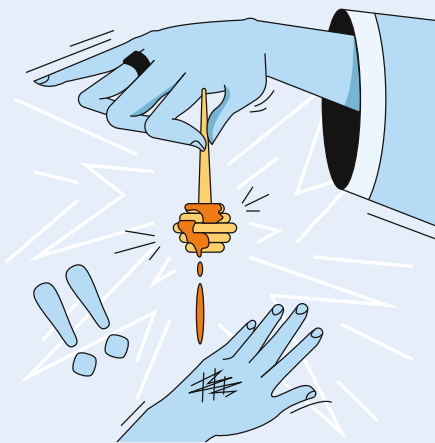


Illustration: Maitreyee Kalaskar

**DEAR DOCTORS:** We used to tease our grandmother for putting a dab of honey on our scraped knees when we were kids. But now, I'm hearing about something called “medical-grade honey.” Does that actually exist? How does it work? Maybe our granny was right all along.

**DEAR READER:** When your grandmother treated your injuries with honey, she was following a curative practice that dates back at least to the ancient Egyptians. Not only did they use honey in wound care, they also harnessed its antimicrobial properties to help embalm and preserve their dead. Today, medical-grade honey — as opposed to the honey that you will find on the supermarket shelf or at a roadside stand — has emerged as an important tool in the fight against antimicrobial resistance, which is a growing global health threat. Used

primarily for the treatment of wounds and burns, medical-grade honey is a sterile product that harnesses the unique properties of what turns out to be a surprisingly complex substance. And thanks to expanding research into its therapeutic uses, which had long been dismissed as a questionable alternative therapy, medical-grade honey has entered the medical mainstream.

We think of honey as a sweetener, and it's true that it's composed primarily of fructose and glucose. In addition to those sugars, however, honey has been found to contain up to 200 other unique bioactive compounds. These include vitamins, minerals, enzymes, amino acids and fatty acids. Honey is also rich in phytonutrients. These are biologically active chemicals that are found in plants. Many of them are antioxidants, which have anti-inflammatory properties. As researchers began to look more closely at honey, they discovered that the antibacterial and antimicrobial properties it had been credited with in folk medicine were indeed real. Studies have shown that honey has an inhibitory effect on scores of different kinds of bacteria and other microbes. This includes salmonella, shigella, *H. pylori*, and *E. coli*, which can cause nausea, vomiting and diarrhea, and some of which can lead to serious illness and even death.

Honey's antimicrobial properties work in several ways. It's acidic, so its low pH inhibits bacterial growth. And unlike antibiotics, which damage a bacterium's cell walls, honey deprives the microorganism of water. The low moisture content of honey starves bacteria of the water they require to survive and grow, and its high sugar content induces osmosis, a process that

physically extracts moisture from microbes and hinders their growth. Complex enzymatic interactions also inflict damage on microbes. Honey forms a protective barrier and keeps the wound moist. At the same time, micronutrients nourish the injured tissues and promote healing.

But if you are tempted to reach for a jar of honey in your pantry to rub on a burn or wound, don't. Unlike the honey that grandma used, medical-grade honey is sterile and has been formulated and processed for safety and efficacy, and it is less likely to cause an immune system reaction. One last cautionary note: Never give honey of any kind — medical grade or otherwise — to babies younger than 1 year old, not even a taste. The guts and immune systems of very young children are still developing, and ingesting honey puts them at risk of developing infant botulism.

The specific type of honey used for medical-grade honey also matters. A variety known as Manuka honey contains antibacterial agents in greater concentrations than other honeys, as well as several other distinct compounds that make it uniquely well-suited for healing. Various types of medical-grade honey are used in healing wounds and burns, for managing skin conditions such as eczema and dermatitis, for gastrointestinal infections and for digestive health. With resistance to antimicrobial medications becoming an ever more serious problem, medical-grade honey offers a viable alternative avenue of treatment.



To Ask the Doctors, e-mail:  
[askthedoctors@mednet.ucla.edu](mailto:askthedoctors@mednet.ucla.edu)



# Community Health Programs

JANUARY / FEBRUARY / MARCH 2022 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](https://connect.uclahealth.org/calendar) for more information.

## CARE PLANNING

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### 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:** Tuesday, Jan. 4, 1:30 – 3 pm

**Where:** Teleconference session

**Register:** 310-394-9871 or [shorturl.at/IHOTY](https://shorturl.at/IHOTY)

### Advance Health Care Planning

Learn how to communicate your health care wishes to your family and friends, appoint someone as your surrogate decision maker and review health care decision-making documents. Dr. Neil Wenger leads the sessions, which center around filling out an advance directive to clarify decisions about end-of-life care.

**When:** Wednesdays, Jan. 26, 6 – 7:30 pm and Mar. 9, 6 – 7:30 pm

**Where:** Teleconference session

**Info & Register:** [ACP@mednet.ucla.edu](mailto:ACP@mednet.ucla.edu)

## COGNITIVE HEALTH

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### Senior Scholars

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

**When:** Spring quarter begins Mar. 23; applications begin Feb. 1

**Info & Cost:** [semel.ucla.edu/longevity/senior-scholars-program-longevity-center](https://semel.ucla.edu/longevity/senior-scholars-program-longevity-center) or [srscholars@mednet.ucla.edu](mailto:srscholars@mednet.ucla.edu) or 310-794-0679

### Memory Training Course (monthly)

Memory Training is an innovative, four-session educational program for improving memory designed for people with mild memory concerns — not dementia. Participants will develop good memory habits and techniques to improve their memory.

**Where:** Teleconference session

**Info & Cost:** [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu)

### Mindfulness Classes and Events (ongoing)

UCLA Mindful Awareness Research Center offers classes, workshops and events on mindfulness techniques and practices to reduce stress and promote well-being, including free meditation sessions.

**When (meditation):** Mondays and Thursdays, 12:30 pm

**Where:** Teleconference session

**Info:** [uclahealth.org/marc](https://uclahealth.org/marc)

### Brain Boot Camp (monthly)

This interactive educational program provides participants with lifestyle strategies and tools to keep their brains vital and healthy.

**Where:** Teleconference session

**Info & Cost:** [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu)

### Sharper Mind Series (monthly)

This series focuses on the formula for living better and longer, including physical activity, nutrition, stress, sleep and cognitive training.

**Where:** Teleconference session

**Info & Cost:** [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu)

## DIABETES

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### Diabetes and Seniors — the Latest News

Discussion of the treatment modalities for diabetes in the elderly.

**When:** Tuesday, Mar. 29, 1:30 – 3 pm

**Where:** Teleconference session

**Register:** 310-394-9871 or [shorturl.at/IHOTY](https://shorturl.at/IHOTY)

## DIGESTIVE HEALTH

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### Constipation

Learn what can cause constipation, what can be done to treat constipation and simple steps you can take to prevent it from occurring.

**When:** Tuesday, Feb. 22, 1:30 – 3 pm

**Where:** Teleconference session

**Register:** 310-394-9871 or [bit.ly/3Gp3sgR](https://bit.ly/3Gp3sgR)

### Colonoscopy and Seniors

The risks and benefits of preventive health screenings in the elderly and why screening colonoscopy is recommended until age 75.

**When:** Tuesday, Mar. 15, 1:30 – 3 pm

**Where:** Teleconference session

**Register:** 310-394-9871 or [shorturl.at/IHOTY](https://shorturl.at/IHOTY)

## KIDNEY DISEASE

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### Monthly Chat with Dr. Rastogi and the UCLA CORE Kidney Health Team

Professor and Clinical Chief of Nephrology, and Director of the CORE Kidney Health Program, Anjay Rastogi MD, PhD, and the CORE Kidney Health Team answer questions on a wide variety of topics related to kidney disease and high blood pressure, including prevention, diagnosis, management, dialysis, transplantation and kidney-friendly life choices. We will be joined by our Circle of CORE patient advocates and support group. You can ask questions during the event or send your questions in advance to [COREKidney@mednet.ucla.edu](mailto:COREKidney@mednet.ucla.edu).

**When:** Monday, Jan. 10, 5 – 6 pm  
Tuesday, Feb. 1, 5 – 6 pm  
Tuesday, Mar. 1, 5 – 6 pm

**Where:** Teleconference session

**RSVP:** [tinyurl.com/rastogi-chat](https://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 and 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, Jan. 13, Feb. 17 and Mar. 17, 7 – 7:45 pm

**Where:** Teleconference session

**RSVP:** [lblum@mednet.ucla.edu](mailto:lblum@mednet.ucla.edu)

### World Kidney Day

Patient conference to discuss recent advances in kidney health and kidney care at UCLA. Presented by Anjay Rastogi, MD, PhD, and the CORE Kidney Health Team.

**When:** Thursday, Mar. 10

**Info & RSVP:** [COREKidney@mednet.ucla.edu](mailto:COREKidney@mednet.ucla.edu)

## 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

**Info & Application:** 310-267-4071

### Beyond Diagnosis

An evening program for those newly diagnosed with MS. Join MS professionals from the MS Achievement Center and the National MS Society in a conversation about the disease and wellness practices to help you live your best life with MS.

**When:** Wednesday, Jan. 12, 6:30 – 8 pm

**Where:** Teleconference session

**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 Feb.

**Where:** Teleconference session

**Info & Application:** 310-267-4071

### Living Well

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 Center and 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:** Saturdays, 10 am – noon

**Where:** Marilyn Hilton MS Achievement Center and teleconference sessions

**Info & Application:** 310-267-4071

## PODIATRY

### Bunions and Bunion Surgery

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

**When:** Tuesday, Jan. 18, 5:45 – 6:45 pm

**Where:** Teleconference session

**RSVP:** 310-828-0011 to receive the Zoom invitation

### 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, Feb. 15, 5:45 – 6:45 pm

**Where:** Teleconference session

**RSVP:** 310-828-0011 to receive the 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, Mar. 15, 5:45 – 6:45 pm

**Where:** Teleconference session

**RSVP:** 310-828-0011 to receive the Zoom invitation

## SLEEP HEALTH

### Sleep and Seniors

What you can incorporate into your bedtime routine and other interventions to avoid another sleepless night.

**When:** Tuesday, Jan. 25, 1:30 – 3 pm

**Where:** Teleconference session

**Register:** 310-394-9871 or [shorturl.at/IHOTY](http://shorturl.at/IHOTY)

## TECHNOLOGY

### Tech Help 4 U Workshops

With telemedicine appointments and online access to electronic health records, health care is more technology-intensive than ever for patients. Student-run myUCLAhealth Ambassadors provides free virtual technology workshops to help participants become more familiar with various applications and features on their mobile devices and laptops. One-on-one sessions will be available during these workshops to help participants navigate any individual questions they may have.

**RSVP:** [tinyurl.com/techworkshop2022](http://tinyurl.com/techworkshop2022)

## VOLUNTEERISM

### Volunteer Open House

Please join us for a Virtual Volunteer Open House for UCLA Health. Learn about interesting and rewarding nonstudent volunteer opportunities at Ronald Reagan UCLA Medical Center.

**When:** Friday, Jan. 28, 2 – 3 pm

**Where:** Teleconference session

**Register:** Please contact Sandra Molina at [smolina@mednet.ucla.edu](mailto:smolina@mednet.ucla.edu) or 310-267-8182 for Zoom information



# 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](http://uclahealth.org/gotblood)

**UCLA** Health

#1

**IN CALIFORNIA**  
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*U.S. News & World Report Best Hospitals*



## 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. Below 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.

### Role of Children in Transmission of COVID-19 to Immunocompromised Patients

This is a study of immunosuppressed individuals living in households with and without children to assess the role of household contact with children in the transmission of SARS-CoV-2 to immunocompromised individuals. Through careful collection of epidemiological data in combination with biological specimens, risk factors for SARS-CoV-2 in immunocompromised individuals will be identified. During the initial visits, informed consent will be obtained and consented participants will complete an initial questionnaire and provide biological specimens, including nasal swabs, saliva and blood. Thereafter, participants will complete at-home saliva collections and questionnaires on a weekly basis for six months. If our research-use-only SARS-CoV-2 test is positive, participants will be referred immediately for medical attention and will be followed every three days with nasal swabs and saliva samples and weekly blood specimens and optional rectal swabs or fresh stool collection. Additionally, participants will be contacted by telephone at one year for follow-up.

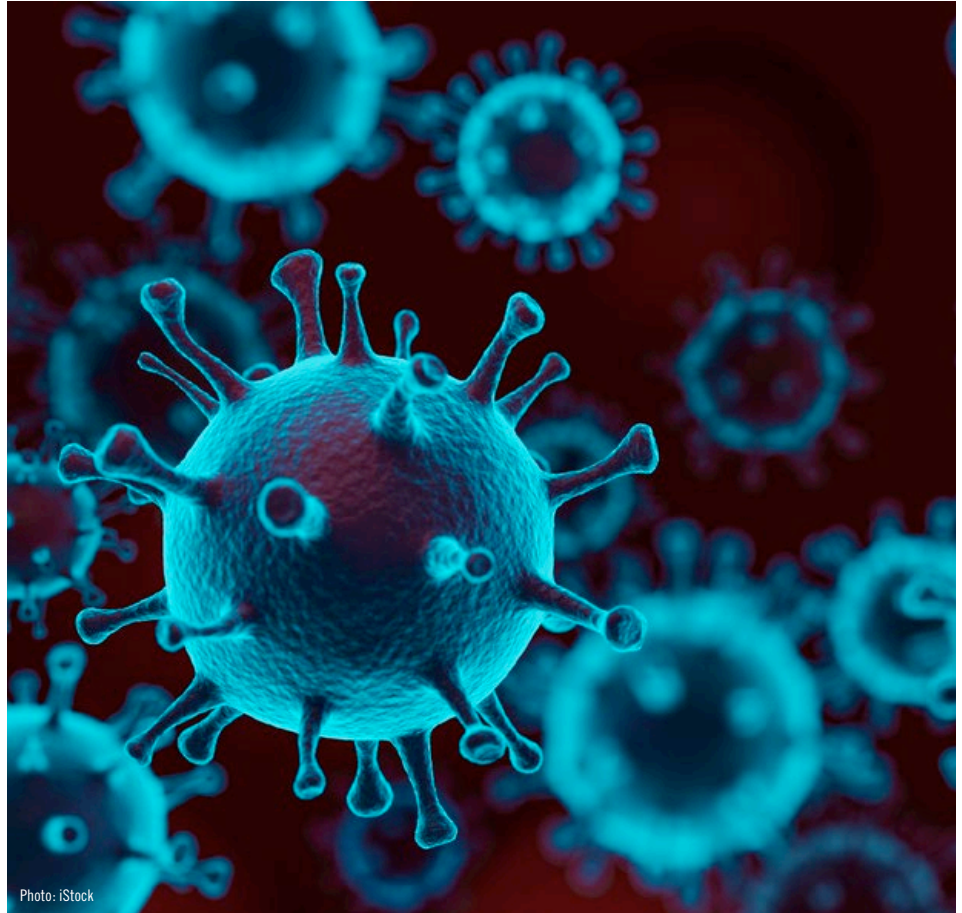


Photo: iStock

More open and actively recruiting clinical studies at UCLA Health:

- Immune Modulators for Treating COVID-19
- Chinese Herbal Formula for COVID-19
- ACTIV-3: Therapeutics for Inpatients with COVID-19
- ACTIV-2: A Study for Outpatients with COVID-19
- Accelerating COVID-19 Therapeutic Interventions and Vaccines 4 ACUTE
- NCI COVID-19 in Cancer Patients, NCCAPS Study
- COVID-19 Questionnaire in UCLA Rheumatoid Arthritis Patients
- Acupressure for COVID-19 Related Quality of Life and Stress
- COVID Evaluation of Risk for Emergency Departments (COVERED) Project
- Observational Cohort of Hospitalized Patients with COVID-19 at UCLA
- Compassionate Use of Leronlimab for Treatment of COVID-19
- COVID-19 SARS Vaccinations: Systemic Allergic Reactions to SARS-CoV-2 Vaccinations
- Innovative Support for Patients with SARS-COV2 Infections (COVID-19) Registry (INSPIRE)
- PK and Safety of Remdesivir for Treatment of COVID-19 in Pregnant and Non-Pregnant Women in the US
- The Safety of Molnupiravir (EIDD-2801) and Its Effect on Viral Shedding of SARS-CoV-2 (END-COVID)
- Imaging the Blood Brain Barrier with Brain Structure and Function in Post-acute Sequelae SARS-CoV-2 Infection (PASC) Presenting with Neuropsychiatric and Cognitive Symptoms
- An Observational Study Evaluating Viral Shedding and Development of Immune Responses in Mother-Infant Pairs Affected by COVID-19
- Study of Mavrilimumab (KPL-301) in Participants Hospitalized with Severe Corona Virus Disease 2019 (COVID-19) Pneumonia and Hyper-inflammation
- 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)
- 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)
- (Revival) Study to Investigate the Efficacy and Safety of Alkaline Phosphatase in Patients with Sepsis-Associated AKI
- A Study of Maribavir Compared to Valganciclovir to Treat Cytomegalovirus Infections in People Who Have Received Stem Cell Transplants
- LYT-200 Alone and in Combination with Chemotherapy or Anti-PD-1 in Patients with Metastatic Solid Tumors



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