

# Vital Signs

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Photo: iStock

## UCLA among few sites offering less-invasive spine surgery

For patients with debilitating spine conditions that fail to improve with nonsurgical treatments, the UCLA Spine Center offers an endoscopic procedure that is less invasive than both traditional open surgery and minimally invasive approaches using a microscope. The result, says Don Y. Park, MD, is better visualization of the spinal anatomy during surgery, along with faster recovery and a lower risk of complications.

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## Urgent need for blood continues



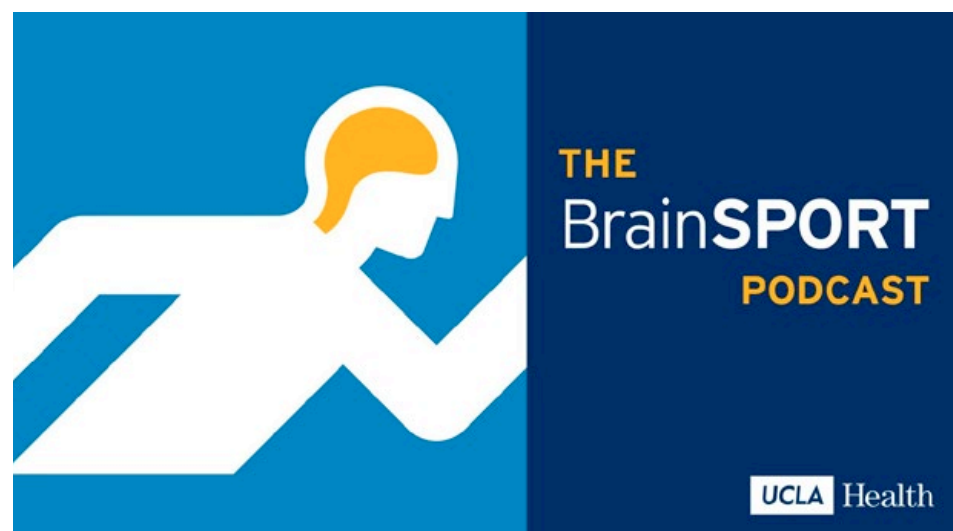
There continues to be an urgent need for blood and plasma as hospital demands outpace donations. Blood donation is a way for healthy people to make a significant contribution during this difficult time. The UCLA

Blood & Platelet Center follows the precautions recommended by the American Association of Blood Banks to keep donors and staff safe.

For more information or to sign up to donate, go to: [uclahealth.org/gotblood](https://uclahealth.org/gotblood).

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## Tune in to UCLA BrainSPORT podcast



The UCLA Steve Tisch BrainSPORT Program has launched the UCLA BrainSPORT Podcast, which covers topics in sports neurology, particularly concussions.

This weekly podcast brings together experts and elite athletes to provide a comprehensive, evidence-based understanding of each topic discussed. It also provides a platform for those affected by the topics to share their experiences.

To learn more and to watch the episodes, use the QR code or go to: [uclahealth.org/brainsport/podcast](https://uclahealth.org/brainsport/podcast)

## Be aware how medications may affect blood pressure

Nearly half of American adults have high blood pressure, or hypertension. Often referred to as “the silent killer,” prolonged high blood pressure can lead to heart disease, stroke and kidney failure, yet it causes no symptoms until damage has already occurred. Both prescription and over the counter medications can contribute to or exacerbate the condition. Anne Arikian, MD, a UCLA family medicine physician in Marina del Rey, and Andrew Mathew, MD, a UCLA family medicine physician in Culver City, share information about some of the medications and other common substances that can affect blood pressure.



### What widely used medications can affect blood pressure?

Dr. Mathew says the estrogen hormones in oral contraceptives are one example. Common stimulants used to treat attention-deficit/hyperactivity disorder in both adults and children can also raise blood pressure. NSAIDs (nonsteroidal anti-inflammatory drugs) such as ibuprofen and naproxen (found in such brands as Motrin, Advil and Aleve) and prescription NSAIDs “won’t raise your blood pressure when taken just occasionally for pain or headache, but they can if you take them chronically on a daily or near-daily basis,” says Dr. Arikian. Antidepressants may raise blood pressure, particularly MAOIs (monoamine oxidase inhibitors) and tricyclic antidepressants. Increased blood pressure can result from corticosteroids, such as prednisone, taken for

rheumatological disease, autoimmune disease or asthma, the doctors say. In addition, over the counter decongestants such as pseudoephedrine and phenylephrine can raise blood pressure when taken regularly. Some antacids contain sodium, which also raises blood pressure.

“It’s important to tell your doctor about all the medications you’re taking, including supplements and over the counter medicines,” Dr. Mathew says. “Your doctor may be able to suggest alternatives or eliminate ones that are unnecessary.”

### What other common substances contribute to hypertension?

Some herbal supplements, including ma huang (ephedra, which is banned in the U.S.), ginseng, St. John’s wort, arnica and licorice increase blood

pressure. Caffeine and alcohol consumed in high doses raise blood-pressure levels, as do energy drinks, which contain caffeine and stimulants.

The biggest dietary contributor to high blood pressure is salt, which draws fluid into the blood vessels, expanding pressure. “I tell my patients to reduce their salt intake

and increase the amount of potassium in their diet,” Dr. Arikian says. “The average adult should consume less than 2,000 mg of sodium daily.”

### How often should blood pressure be checked, and what else can help control it?

Hypertension is generally defined as blood pressure higher than 130/80, and normal blood pressure should be lower than 120/80. “For the general population, we recommend having blood pressure evaluated about once a year at their annual physical,” Dr. Arikian says. “Those with an established diagnosis of hypertension or who have risk factors, including smoking, being overweight, a sedentary lifestyle or a family history of high blood pressure, should have it checked more frequently. Their primary care physician can advise them regarding how often.”

Before putting patients on medication for high blood pressure, physicians suggest lifestyle modifications. “Maintaining a healthy weight, following a low-sodium diet and exercising regularly can lower blood pressure pretty dramatically,” Dr. Mathew says. Adds Dr. Arikian, “I also advise stress reduction. Anything that helps patients beat their stress will help with blood pressure as well.”



Dr. Andrew Mathew.  
Photos: UCLA Health



Dr. Anne Arikian.



# To improve nutrition, focus on the basics



Image: Dr. Niloofar Nobakht

Over the last half century, there has been an evolving understanding of dietary science and the role of nutrition in the development of chronic diseases. However, poor health advice from non-experts, often fueled by social media, has led to the rapid growth of misinformation. To combat this epidemic of health misinformation, it is helpful to refocus on the basics: what to eat and drink. Niloofar Nobakht, MD, and Mohammad Kamgar, MD, talk about current nutrition trends and their implications for many chronic illnesses, including ones they see in their practice as UCLA Health nephrologists.

### What are the public-health implications of prevalent poor nutrition?

**Dr. Nobakht:** It is very concerning. The potential exists for increasing lifestyle-related illnesses like hypertension and diabetes to eventually overburden the U.S. health care system. Although nutritional intake in the United States has improved in recent years, the general population is still largely falling short of recommended nutritional guidelines. Notably, people do not consume enough vegetables, whole grains and fatty acids, and they eat too many empty calories and salty meals.

### Why is too much salt dangerous?

**Dr. Nobakht:** Sodium and potassium exist in a variety of foods, and their imbalance can lead to adverse effects on major organs, such as the brain, eyes, heart and kidneys. Sodium and potassium assist with fluid and blood-volume maintenance and, therefore, impact blood pressure in contrasting ways: excess sodium

**“The DASH diet can improve overall health and wellness, regardless of preexisting conditions or risk level for chronic diseases.”**

and low potassium intake can increase blood pressure. Consumption of more than 2 grams of sodium per day has been strongly associated with mortality due to hypertension and cardiovascular conditions. Globally, more than 88% of adults exceed the recommended daily intake of 2 grams of sodium by at least 1 gram.

**Dr. Kamgar:** Sources of excess dietary sodium can be surprising. Beyond the expected culprits of processed foods and prepackaged meals, there is hidden salt in store-bought bread, chicken, cheese and restaurant-cooked meals. Given the inextricable link between dietary sodium and the development of chronic illness, such as heart and kidney disease, hypertension and stroke, switching to lower-salt meals can assist with reaching and maintaining normal blood pressure and decreasing morbidity and mortality.

**Dr. Nobakht:** For healthy individuals with normal kidney function, a diet abundant in

potassium is optimal. Due to its role in reducing blood pressure, potassium is an essential electrolyte for promoting cardiovascular health and preventing organ damage. Diets high in potassium also are linked to a reduction in risk for stroke.

### How important is adequate water intake?

**Dr. Kamgar:** Water intake and hydration, together with a proper diet, play a very important role in wellness. The adequate amount of water to drink daily can vary depending on age, gender, activity level and preexisting conditions. General guidelines recommend that healthy adult men consume about 13 cups of water and adult women about 9 cups of water per day. Minimize daily consumption of sugar-laden drinks and alcohol to two drinks or less for men or one drink or less for women.

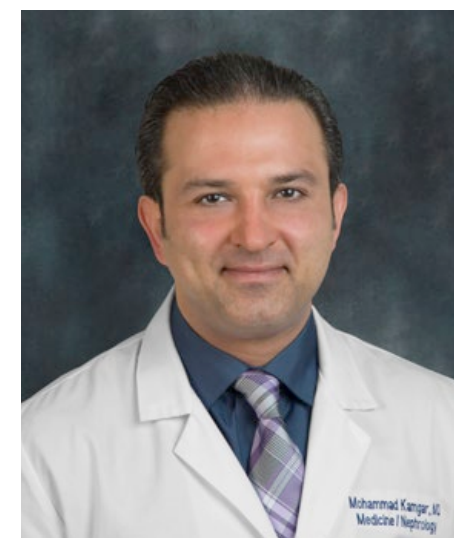
### Is there an optimal nutrition practice to improve health?

**Dr. Nobakht:** Even simple lifestyle strategies can help prevent chronic illnesses and promote overall wellness. We recommend what is known as the DASH — Dietary Approaches to Stop Hypertension — diet, which supports long-term lifestyle changes with lower-salt, lower-sugar and lower-fat meals. It encourages followers to eat more nutrient-dense foods, particularly those high in fiber, protein and mineral nutrients such as potassium, calcium and magnesium — whole grains and vegetables and dense foods, such as nuts, legumes, lean proteins, fish and low-fat dairy products.

**Dr. Kamgar:** The DASH diet can improve overall health and wellness, regardless of pre-existing conditions or risk level for chronic diseases. Studies have found that adherence to the DASH diet not only lowers blood pressure, but also can lead to healthy weight loss, improve insulin metabolism, reduce inflammatory markers and reduce triglycerides.



Dr. Niloofar Nobakht.  
Photos: UCLA Health



Dr. Mohammad Kamgar.

# UCLA clinic encourages men to take a greater role in their ongoing health care



Most men between the ages of 18 and 50 are not as engaged as women in their own routine health care, choosing instead to go to the doctor only when something is wrong, says Jesse Mills, MD, director of The Men's Clinic at UCLA. "As men, once we are done with our last pediatrician visit for our final sports physical, we usually won't see a physician for any regular checkups until we turn 50," he says.

Some studies have found that men are 80% less likely than women to utilize a regular source of health care. It is not until men get older, when screening for such diseases as colon cancer generally begin, that they start to seek more regular care. "Men have been taught to 'play through pain,' which often translates to not seeking the care they need," Dr. Mills says. "And unlike women, who see an internist or gynecologist every year, many men between the

**"We want to bring men into the health care system at an earlier age so that they can take the steps that will keep them active and help to prevent the illnesses that commonly afflict men as they age."**

ages of 18 and 45 or 50 don't go to see a doctor for routine checkups. That's a lot of years in a man's life in which he is missing out on an opportunity to be checked for potential risk factors for a variety of health issues."

The Men's Clinic at UCLA aims to change that narrative. The clinic is a comprehensive, multidisciplinary health-and-wellness center that provides another resource in addition to a primary care physician for men to evaluate and manage their general health issues. In addition to treating such concerns as male sexual dysfunction and male infertility, the clinic's physicians

collaborate with experts in other specialties to meet men's holistic health needs. "We want to bring men into the health care system at an earlier age so that they can take the steps that will keep them active and help to prevent the illnesses that commonly afflict men as they age," Dr. Mills says. "We want to help identify potential risks, such as high blood pressure, high cholesterol, depression, erectile dysfunction, obesity and risky personal behaviors."

While sexual or urinary difficulties often are what initially drive many men to the doctor's office, Dr. Mills looks upon these visits as opportunities to engage men in their overall health. "If I'm seeing a man in his 20s or 30s for fertility issues, I'm also thinking about his risk factors for other conditions and how we can intervene to reduce them," he says. "If I'm seeing a 40-year-old man who is finished having kids and wants a vasectomy, and I see that he is overweight, I will discuss what he could do to improve his life over the next 10 years to make sure he doesn't develop heart disease, diabetes or other complications of obesity."

Sleep, nutrition and exercise also are subjects to be discussed. "The less sleep we get, the weaker we get," Dr. Mills says. "It messes up our stress hormones, our blood-sugar levels, and it drastically reduces testosterone. Healthy foods that are rich in antioxidants and natural vitamins — leafy green vegetables, dark fruits and lean protein — help to boost the immune system." And when it comes to exercise, "Men who exercise regularly and follow a clean diet are going to have higher levels of testosterone, a higher libido and a stronger sex drive," Dr. Mills says.

The key is just getting started. "Everyone's starting point is going to be different," he says. "We're human beings, and we were made to move. The more you do, the easier it gets. That's the metric for better health."



For more information about the Men's Clinic at UCLA, go to: [uclahealth.org/urology/mens-clinic](http://uclahealth.org/urology/mens-clinic)

Continued from cover

## UCLA among few sites offering less-invasive spine surgery

Dual portal endoscopic spine surgery is a potential option for patients with the most common conditions Dr. Park sees, including herniated disks — the slippage, rupture or bulging of the rubbery cushions along the spine, often affecting young adults; lumbar spinal stenosis, a narrowing of the spinal canal, typically from age-related wear; and spinal spondylolisthesis, a slippage in one of the vertebrae that causes instability. Dr. Park notes that the new approach, which was developed in South Korea and where he trained to perform the procedure, is driven by a demand among patients and surgeons for less-invasive spine procedures. "This is the next evolution of minimally invasive spine surgery," he says.

With traditional spinal operations, surgeons can directly visualize the anatomy, but the larger incisions increase the risk of infection and blood loss while increasing pain and lengthening recovery time. The open approach has increasingly given way to minimally invasive spine surgery, involving incisions of 18-20 millimeters and the use of tubes and microscopes to visualize the spinal anatomy. With the transition to endoscopy, the surgery is performed through even smaller incisions — less than one centimeter — and cameras are employed instead of microscopes to provide better visualization.

"The complications of surgery are often due to inadequate visualization, which has been one of the critiques of minimally invasive surgery," Dr. Park says. "With dual portal endoscopic spine surgery, we can zoom in with the camera, just as you would with arthroscopy," in which cameras are placed in the joints of the knee, shoulder or hip. "We use water rather than a tube, which allows the surgeon to drive the camera closer to the anatomy and



Photo: Courtesy of Dr. Don Y. Park

see a level of detail that is impossible with a microscope."

As with arthroscopic techniques, dual portal endoscopy utilizes two incisions — one of approximately 3-to-4 millimeters for the camera, and a second 6-to-7 mm incision for the surgical tools. Decoupling the camera and the surgical equipment provides a more expanded view along with greater flexibility in positioning the instruments, Dr. Park explains.

In six-week follow-ups with individuals who have had dual portal endoscopic spine surgery at UCLA, patients have shown significant improvements in their pain and disability measurements — results similar to those reported in South Korea, which has a longer track record with the approach.

UCLA is currently the only academic center in California offering this type of surgery. "People with these conditions are often in substantial pain and unable to walk for long distances or perform the activities of daily living," Dr. Park says. "Many studies have shown that those who are having continued symptoms despite nonsurgical treatments can experience significant improvements after surgery. It's exciting to be able to offer a procedure that provides those results while allowing them to bounce back much more quickly."



For more information about the UCLA Spine Center, go to: [uclahealth.org/spinecenter](http://uclahealth.org/spinecenter)

# Understanding of AIDS has come a long way since the disease first identified at UCLA

In the 40 years since AIDS was first identified at UCLA, the university continues to be at the forefront of research and clinical advances that have transformed the disease from an almost-certain death sentence to a treatable chronic illness.

“It’s been stunning and spectacular to see people going from trying to survive from one birthday to the next to being able to live a full life,” says Judith Currier, MD, chief of the UCLA Division of Infectious Diseases and director of the UCLA Clinical AIDS Research and Education (CARE) Center.

That transformation began in the 1990s, with the advent of three antiretroviral medications — the “cocktail” known as highly active antiretroviral therapy (HAART), and now more commonly known as antiretroviral therapy (ART) — that could durably suppress the virus to the point that it was no longer detectable. UCLA was a site for many of the

pivotal multicenter studies, with investigators whose work informed the treatments.

The CARE Center, which originated as a small clinic at UCLA in 1983, two years after AIDS was identified, continues to be a focus for both research and clinical care. Raphael Landovitz, MD, is among the infectious-diseases experts engaged in research at the center, where he leads the effort to develop long-acting injectable pre-exposure prophylaxis (PrEP), a daily pill that greatly reduces the risk of acquiring HIV, and post-exposure prophylaxis (PEP), medication that can lower the risk of becoming HIV-positive if started within three days of exposure. “It used to be that all we could offer were behavioral strategies, like ‘use a condom,’” Dr. Landovitz says. “My arrival at UCLA (in 2006) coincided with an explosion in our understanding of what was possible and opportunities to develop

and implement these strategies as part of our prevention tool kit.”

A vaccine against HIV remains an ultimate goal. “We’re still hopeful that we will, at some point, have a protective vaccine against HIV,” says Dr. Landovitz, who also is codirector of the Center for HIV Identification, Prevention and Treatment Services. It is a dream that scientists have been pursuing, without success, for decades. “We hoped that we would be closer than we are right now. The unfortunate truth is, we’re as far away today as we were 40 years ago,” he says.

Still, the pursuit of a vaccine against AIDS may now benefit from advances in mRNA technology made by COVID-vaccine researchers — advances that derived in part from decades of HIV research.

And work to treat AIDS is continuing on other fronts, as well. Recent laboratory research led by UCLA Health scientists



Friends and family of AIDS victims visit the AIDS Memorial Quilt displayed on the National Mall in Washington, D.C.

Photo: Joyce Naltchayan/AFP via Getty Images

has amplified earlier developments into a treatment strategy called “kick and kill” to target HIV-infected cells and reduce, or even eliminate, the amount of virus in an infected individual. The approach utilizes a synthetic compound, administered in combination with antiretroviral drugs, to coax infected cells out

**“It’s been stunning and spectacular to see people going from trying to survive from one birthday to the next to being able to live a full life.”**

of hiding and then kill them. “Our findings show proof of concept for a therapeutic strategy to potentially eliminate HIV from the body, a task that had been nearly insurmountable for

many years,” says UCLA infectious-diseases specialist Jocelyn Kim, MD. Such bench research lays the groundwork for future clinical studies. “The study opens a new paradigm for a possible HIV cure in the future,” Dr. Kim says.

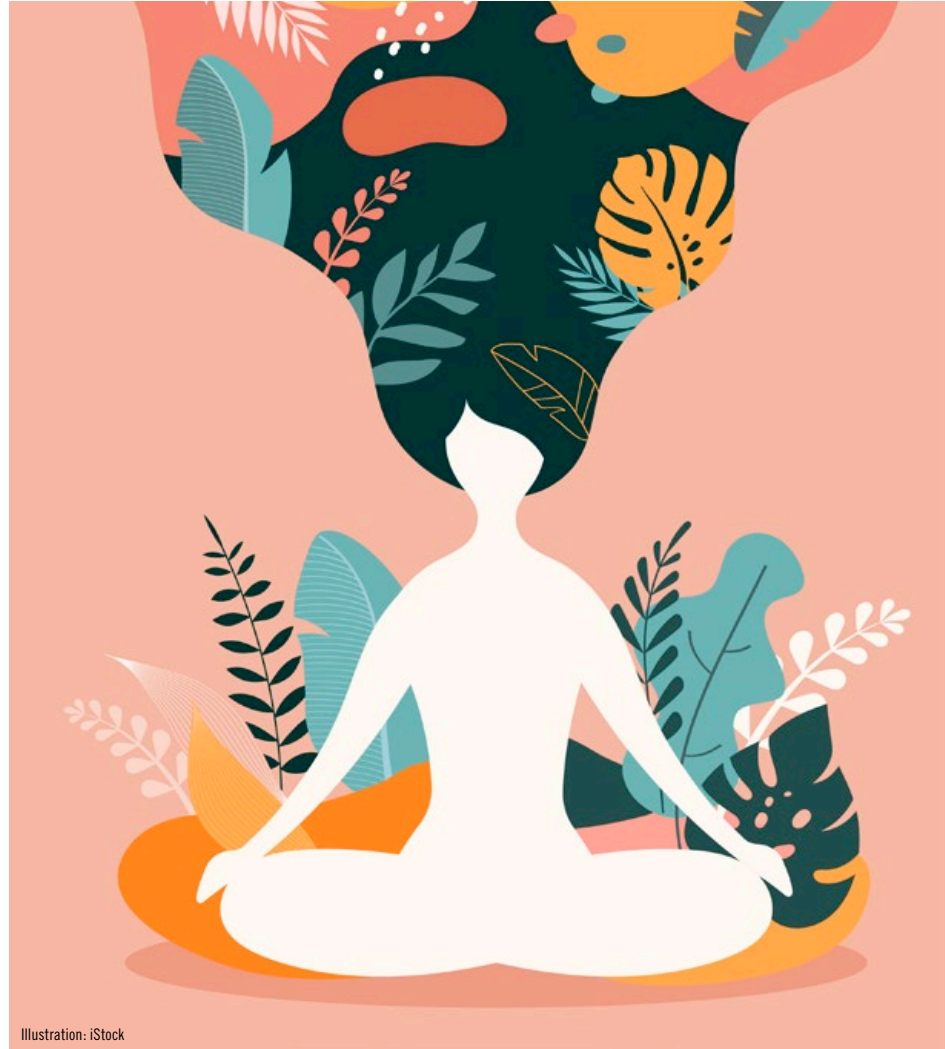
Even with such dramatic scientific advances, stigma remains a significant barrier to care for many patients with AIDS. “Until we remove the stigma attached to an HIV diagnosis, we’re never going to encourage people who are most at risk and most disenfranchised from medical interventions to come forward and get tested so that we can move to the next step,” Dr. Landovitz says.

“There’s a perception that because treatments have become effective and well-tolerated, the work is finished. But that’s not at all true,” he says. “There are many critical correlates of the stigma associated with AIDS, including racism, sexism, homophobia, transphobia, addiction-phobia and attitudes

around mental health disorders, that are preventing us from reaching populations that are most affected by HIV. Until we acknowledge some obvious truths, we are not going to move forward to destigmatize this disease,” Dr. Landovitz continues. “We need to make it possible and acceptable for people to seek, without fear, the treatment, care or preventive services they need to end this epidemic.”

 For more information about the UCLA CARE Center, go to: [uclahealth.org/care-center](https://uclahealth.org/care-center)

# Practicing mindfulness can help to relieve the stresses of difficult times



Mindfulness, experts say, is an innate human capacity to pay attention to present-moment experiences with openness, curiosity and acceptance. And practicing mindfulness for even just a few minutes each day can help to relieve the stresses of our current difficult times and bring significant benefits to anyone's life.

"It's an intervention anyone can do," says Diana Winston, PhD, director of mindfulness education at the UCLA Mindful Awareness Research Center (MARC). "It doesn't matter what your background is, or your religion or your health condition."

While the modern age is marked by extraordinary advances in science and

technology, such developments also have led to an increasing sense of pressure, complexity and information overload. "Individuals across the lifespan are feeling tremendous stress, which is contributing to a variety of mental and physical health problems and diseases," Dr. Winston says.

Research has shown that mindfulness can help to lower blood pressure and boost the immune system, increase attention and focus, help with difficult mental states such as anxiety and depression and foster a sense of well-being.

Neither long stretches of time nor banishing all thought are required to successfully practice mindfulness, says Marvin Belzer,

PhD, associate director of MARC and professor of psychiatry and biobehavioral sciences at UCLA. "It's not uncommon for people to have the idea that they're supposed to be able to stop thinking and clear their mind of thoughts, just by deciding to do so," Dr. Belzer says. "That's a misconception. Even in the midst of thoughts, we can do things with our mind that are helpful."

Nor is it necessary to spend hours folded in a lotus pose. Dr. Belzer often encourages beginners to start with just a minute or two of practice, which can be done seated, standing or lying down. Guided mindfulness meditation can be a good place to start. Mindfulness meditation is the practice of focusing on something real but not too complicated, such as the feeling of the breath moving in and out, sensations in the hands or feet or on ambient sounds.

"You can do it without magically stopping your thoughts — the thoughts may still be going on, and they may at times pull your attention away," Dr. Belzer says. When that happens, Dr. Belzer says to "gently and non-judgmentally redirect your attention back to the sensation of sound or the feel of the breath moving in and out."

To help facilitate the practice, MARC makes free guided meditations available on its website and its UCLA Mindful app.

Like starting any exercise program or learning a new skill, beginning a mindfulness practice requires commitment. One has to do the exercises to gain the benefits. "Regular practice allows us to connect with and deepen our awareness of the present moment, whatever it may bring," Dr. Belzer says. "Anyone can do this. Just by being a conscious human being, you are mindful."



For more information about the UCLA Mindful Awareness Research Center and links to guided meditations and other resources, go to: [uclahealth.org/marc](https://uclahealth.org/marc)

## The Soothing Sound of Music

"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.



Illustration: Maitreyee Kalaskar

**DEAR DOCTORS:** My uncle has Alzheimer's disease. He goes through these awful phases where he's agitated and afraid. We've noticed that music calms him down, especially when it's something from when he was young. Why would that be? Maybe music should be part of Alzheimer's therapy.

**DEAR READER:** You've had the good fortune to discover a therapeutic practice that reaches back at least to the ancient Greeks. Aristotle and Plato believed that music could soothe the troubled soul, and the physicians of their time employed musical instruments to induce sleep and ease mental disturbances. Today, there's a robust body of research into the therapeutic uses of music for people living with Alzheimer's disease. It turns out that, due to the unique way this type of dementia progresses, the areas of the brain

that are linked to musical memory remain mostly free from damage. This allows Alzheimer's patients to recognize and respond to music, especially when it is something that they have loved in the past. This has proven helpful in managing the periodic episodes of distress and agitation that are among the many challenges of the disease.

When researchers in Canada played new music for a patient with advanced Alzheimer's, she didn't respond. But when they played melodies that she was familiar with, she sang along. She remembered all of the words, and she continued to accurately sing the songs, even after the recordings ended. More recently, Canadian researchers studying individuals with mild cognitive impairment or early Alzheimer's disease linked the practice of listening to music that was personally meaningful with improvements in

ASK THE DOCTORS



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

their neuroplasticity. That refers to the ability of someone's brain to change and adapt in response to new experiences. Writing in the *Journal of Alzheimer's Disease*, the researchers found this to be particularly true when the person felt a deep connection to the music that was being played. Not that surprisingly, music has also been found to relieve stress and reduce anxiety for caregivers, as well.

As you suggested, music is indeed incorporated into therapy for patients with Alzheimer's disease. It has been used both to engage the patient in the present moment and in the hope that it might have a beneficial effect on disease progress. When connecting with your uncle through music, it's helpful to keep certain guidelines in mind. Start by eliminating any competing sounds, such as a TV or radio, which can be confusing. Choose from music he knows and loves, and which evokes happy memories. For many people, these are the songs that were popular in their youth. Singing along, clapping or even dancing can enrich the experience for both of you. It's important that you remain aware of how your uncle is responding. If his mood changes, be ready to switch songs or end the session. And be careful to avoid overstimulation. You want to keep things fun, easy and manageable. Regularly adding music to your visits with your uncle can bring pleasure to both of you. And as emerging research continues to suggest, music may be a unique therapeutic pathway to benefit cognition.



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

# Community Health Programs

## APRIL / MAY / JUNE 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

#### Advanced 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 18 and July 6, 6 – 7:30 pm

**Where:** Teleconference sessions

**Register:** Please email [ACP@mednet.ucla.edu](mailto:ACP@mednet.ucla.edu)

### INTEGRATIVE MEDICINE

#### Virtual Yoga Therapy

Yoga therapy blends gentle physical postures with breathing techniques and meditation. Practice from your home, office or outdoors; no mat needed.

**When:** Tuesdays and Thursdays, noon – 12:30 pm

**Where:** Teleconference sessions

**Zoom Link:** [uclahs.zoom.us/j/98332866743](https://uclahs.zoom.us/j/98332866743)

### KIDNEY DISEASE

#### 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:** Wednesday, April 20, Thursday, May 19 and Thursday, June 16, 7 – 7:45 pm

**Where:** Teleconference sessions

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

#### Monthly Chat with Dr. Anjay Rastogi and CORE Kidney Team

Anjay Rastogi, MD, PhD, and Marc Coronel, kidney recipient and CORE Kidney Ambassador, discuss a wide variety of topics related to kidney disease and high blood pressure, including prevention, diagnosis, management, mental health, 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:** Sunday, May 1, Wednesday, June 1 and Friday, July 1, 5 – 6:30 pm

**Where:** Teleconference sessions

**RSVP:** [tinyurl.com/rastogi-chat](https://tinyurl.com/rastogi-chat)

### LANGUAGE DEVELOPMENT

#### Let's Talk About Communication!

Nicole Schussel, MS, CCC-SLP, UCLA speech-language pathologist, will discuss speech and language development in children, as well as strategies for increasing and improving communication abilities at home. Free for all parents and caregivers of children up to 5 years old.

**When:** Thursday, May 12, 7 – 9 pm

**Where:** Teleconference sessions

**RSVP:** [nschussel@mednet.ucla.edu](mailto:nschussel@mednet.ucla.edu) to receive Zoom link

### MOVEMENT DISORDERS

#### How to Shake the Shakes

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

**When:** Saturday, June 18, 9 am – noon

**Where:** Teleconference sessions

**RSVP:** [ucla.tremor@gmail.com](mailto:ucla.tremor@gmail.com)

### MULTIPLE SCLEROSIS

#### 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.

**When:** Mondays, 1 – 3 pm

**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, 1 – 3 pm

**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 17, 5:45 – 6:45 pm

**Where:** Teleconference sessions

**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, June 21, 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, July 19, 5:45 – 6:45 pm

**Where:** Teleconference sessions

**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 to share mindfulness techniques and practices to reduce stress and promote well-being, including free Monday and Thursday 12:30 pm meditations.

**Where:** Teleconference sessions

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

### FEATURED EVENT

#### Patient Family Advisory Council Celebration

Please join Johnese Spisso, president, UCLA Health, and CEO, UCLA Hospital System, for our annual Patient Family Advisory Council celebration to recognize our valued partnership with our patients and families. Learn how you can help enhance the patient experience and improve quality and safety outcomes at UCLA Health.

**When:** Thursday, April 21, 5:30 – 7 pm

**Where:** Teleconference session

**Register:** [LindaGonzalez@mednet.ucla.edu](mailto:LindaGonzalez@mednet.ucla.edu) or 424-259-7157 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](https://uclahealth.org/gotblood)

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**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. Following 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-19 Booster Vaccine in Autoimmune Disease Non-Responders**


This is a randomized, multi-site, adaptive, open-label clinical trial comparing the immune response to different COVID-19 vaccine booster doses in participants with autoimmune disease requiring immunosuppressive medications. All study participants will have negative serologic or suboptimal responses (defined as a Roche Elecsys® Anti-SARS-CoV-2 S

(RBD) result  $\leq 50$  U/mL) to initial COVID-19 vaccine regimen with Moderna COVID-19 vaccine, Pfizer-BioNTech COVID-19 vaccine or Janssen COVID-19 vaccine. The study will initially focus on five autoimmune diseases: systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), multiple sclerosis (MS), systemic sclerosis (SSc) and pemphigus.



More open and actively recruiting clinical studies at UCLA Health:

- ACTIV-3: Therapeutics for Inpatients with COVID-19
- Chinese Herbal Formula for COVID-19
- Accelerating COVID-19 Therapeutic Interventions and Vaccines 4 ACUTE
- Acupressure for COVID-19 Related Quality of Life and Stress
- COVID Evaluation of Risk for Emergency Departments (COVERED) Project
- COVID-19 Questionnaire in UCLA Rheumatoid Arthritis Patients
- NCI COVID-19 in Cancer Patients, NCCAPS Study
- Observational Cohort of Hospitalized Patients with COVID-19 at UCLA
- Role of Children in Transmission of COVID-19 to Immunocompromised Patients
- ACTIV-5 / Big Effect Trial (BET-B) for the Treatment of COVID-19
- COVID-19 Booster Vaccine in Autoimmune Disease Non-Responders
- Compassionate Use of Leronlimab for Treatment of COVID-19 (SARS-CoV-2 Infection)
- COVID-19 SARS Vaccinations: Systemic Allergic Reactions to SARS-CoV-2 Vaccinations
- Innovative Support for Patients with SARS-CoV-2 Infections (COVID-19) Registry (INSPIRE)
- PK and Safety of Remdesivir for Treatment of COVID-19 in Pregnant and Nonpregnant Women in the U.S.
- The Safety of Molnupiravir (EIDD-2801) and Its Effect on Viral Shedding of SARS-CoV-2 (END-COVID)
- An Observational Study Evaluating Viral Shedding and Development of Immune Responses in Mother-Infant Pairs Affected by COVID-19
- COVID-19 Critical Care Consortium Incorporating the ExtraCorporeal Membrane Oxygenation for 2019 novel Coronavirus Acute Respiratory Disease (ECMOCARD)
- COVID-19 Surveillance in Healthcare Workers and Patients: Observational Studies from the Influenza Vaccine Effectiveness in the Critically Ill (IVY) Network
- Study of Mavrilimumab (KPL-301) in Participants Hospitalized with Severe Coronavirus Disease 2019 (COVID-19) Pneumonia and Hyper-inflammation
- 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)

 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.