

Vital Signs

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Greater Understanding of Migraine Ushers in a New Era of Treatment

People struggling with migraine may benefit from research over the past decade that has led to impressive advances in treatment. “We are hearing the words from patients, ‘My life has changed,’ far more often,” says Andrew C. Charles, MD, director of the UCLA Goldberg Migraine Program. “There have been extraordinary breakthroughs in understanding the basic mechanisms of all types of headaches in recent years. For almost everyone who walks through our door, we have something to offer them.”

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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 12 conveniently located immediate care clinics throughout the Greater Los Angeles



region that are open evenings, weekends and holidays. Walk-ins are welcome, or you can use the On My Way feature to check wait times for the immediate care clinics closest to you.

For more information about UCLA Health Immediate Care, scan the QR code or go to: uclahealth.org/immediate-care

Clinical trials

UCLA Health conducts research for a wide range of medical disorders and offers patients the opportunity to participate in clinical trials and research. Connect with us to see if you're a good fit for a clinical trial and gain access to the latest treatments while contributing to a healthier society.



To learn more about clinical trials at UCLA Health, scan the QR code or go to: uclahealth.org/clinical-trials



Stay on Top of Vaccines for Children and Adolescents

The availability of vaccines has freed Americans from the fear of many diseases that once routinely caused suffering and mortality. But the success of vaccines relies on individuals getting and keeping up with recommended shots. With camp and sports programs gearing up for the summer, participants will need to show that they are current with immunizations. Max Goldstein, MD, a UCLA Health family medicine physician in Marina Del Rey, reviews the vaccine schedule and discusses the value of vaccines.

Why are vaccines essential?

“Vaccines prevent disease. They provide protection before exposure by priming the immune system to fight pathogens,” says Dr. Goldstein. “Vaccines not only protect the recipient from harmful preventable diseases, but they also protect the health of the community. When there is herd immunity, it protects others who are more vulnerable and at higher risk, such as those who are elderly, immunocompromised, receiving chemotherapy or very young. We don’t see diseases like polio or severe meningitis thanks to vaccines and herd immunity.”

What vaccines do babies, children and adolescents require?

Dr. Goldstein says that vaccines are timed and grouped to correspond to the ages when people are most susceptible to these diseases. He notes that children must be fully immunized to attend public schools. During the first year of life, babies need multiple doses of vaccines for hepatitis B, rotavirus,

DTaP (diphtheria, pertussis and tetanus), polio, Hib (Haemophilus influenzae type b) and pneumococcal disease. When they reach six months of age, babies can receive COVID and seasonal flu vaccines. MMR (measles, mumps and rubella) and varicella (chicken pox) vaccines are recommended at one year of age and a hepatitis A vaccine by the time toddlers reach age 2. Children need additional doses of DTaP, polio, MMR and varicella vaccines between ages 4 and 6. Around age 11 to 12, adolescents should receive the Tdap (tetanus, diphtheria and pertussis), meningitis A and HPV (human papillomavirus) vaccines. Annual flu and COVID vaccines are also recommended for children and adolescents.

What are potential side effects, and is it safe to administer multiple vaccines at once?

“The long-term effects of vaccines are immunity to different bacteria and viruses that can cause life-threatening illness,” says Dr. Goldstein. Short-term side effects may include low fever, aching and fatigue, which generally subside within 24 hours. Regarding giving multiple vaccines at one visit, he says vaccines have been tested and clinically proven to be safe. Each one involves a small and different type of immune system activation, so they don’t overwhelm the immune system. There are also some combination vaccines, such as MMR-Varicella and DTaP-polio, which can lessen the number of injections. Dr. Goldstein says parents should always feel comfortable sharing questions and concerns with their child’s pediatrician, who will be able to address specific causes of apprehension.



Dr. Max Goldstein.
Photo: UCLA Health



Photo: iStock

Are there cases where a child should not be vaccinated?

Children who are immunocompromised should not receive a live vaccine. Those who are allergic to a component of a vaccine or had an allergic reaction to a previous dose should not receive that vaccine.

Any final thoughts?

“I have a lot of families from other countries with different vaccine schedules or who travel internationally,” says Dr. Goldstein. “We can modify the vaccine schedule so children are current with vaccines recommended by or for those countries. Families who plan to go abroad should speak with their physician before traveling.”



To find a UCLA Health location near you, scan the QR code or go to: maps.uclahealth.org



Comprehensive Menopause Care program fills critical gap in women's health care



Photo: iStock

Menopause is a natural part of aging that happens to everyone with ovaries, affecting half the population, typically around middle age. Yet most physicians receive no or only minimal training to help patients navigate the effects of the hormonal changes that characterize the menopause transition.

UCLA Health's new Comprehensive Menopause Care program aims to change that for patients. "The whole foundation for this program lies on the basic idea that menopause represents a unique window of opportunity to really improve a person's quality of life as they enter midlife and optimize their longevity," says Rajita Patil, MD, an obstetrician-gynecologist and director of the

program, which is the only one of its kind on the West Coast. "It's not only about helping deal with the symptoms that a person is experiencing in the short term, but it's also about addressing their individual long-term risks to minimize future chronic disease. We want to help them live their best life going forward."

While menopause is just a moment in time, marking 12 months without a menstrual period, the years leading up to it bring significant hormonal changes that can affect well-being both during and after the menopause transition. The average age of menopause is 51, but it can occur as early as one's 40s, or as late as their 60s. Menopause can also be caused in younger

people by medications that affect ovarian health, such as chemotherapy, or surgical removal of the ovaries. The rapid decline in estrogen that accompanies menopause "truly affects every part of the body," Dr. Patil says.

Part of the reason menopause care is lacking is patients' reluctance to discuss menopause issues with their providers because of the negative stigma around the transition, she says. The knowledge gap among physicians is the other half of the problem. "Providers don't want to ask patients about what they don't know how to treat."

The Comprehensive Menopause Care program aims to address both challenges

by creating a place where people can have a thorough consultation regarding their individual experience with menopause and where providers and trainees from different disciplines can learn more about how to care for these patients. The program also incorporates integrative medicine, drawing on mind-body-spirit techniques as complements to traditional medicine to alleviate menopause symptoms and improve quality of life. “A person going through menopause deserves to understand and feel

“The whole foundation for this program lies on the basic idea that menopause represents a unique window of opportunity to really improve a person’s quality of life as they enter midlife and optimize their longevity.”

validated about what’s happening to them and their body during this time,” Dr. Patil says. “We hope our program will be a model for others to follow suit, so more people can get the care they truly deserve.”

The current wait time for an appointment is about two months, but that is improving as additional providers join the program, Dr. Patil notes. New patients complete a comprehensive questionnaire that assesses symptoms in various organ systems. Clinical care algorithms developed by Dr. Patil and her collaborators point to areas that may need attention so personalized care can be delivered. “My vision is to provide evidence-based, comprehensive and individualized whole-person care,” Dr. Patil says. “Each person comes into menopause with different genetics, health, lifestyle behaviors, values and preferences for care. It’s really about putting the power in the patient’s hands after having the right information and the right understanding of their health so that they can make the best decisions for themselves.”



For information about the Comprehensive Menopause Program, scan the QR code or go to: uclahealth.org/medical-services/obgyn/menopause

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Greater Understanding of Migraine Ushers in a New Era of Treatment

Migraine affects 10% of people worldwide, including 25% of adult women and 9% of children. A migraine attack is much more than just a severe headache; it is a constellation of symptoms that may include neck pain, nausea, dizziness, visual disturbances and sensitivity to light, sounds and smell among a variety of other manifestations. Sufferers often lose hours or days disabled by the condition.

In the past, doctors suspected that migraine was primarily a vascular condition, caused by abnormal dilation of brain blood vessels, and it was typically treated with non-specific pain medications. However, new research, including work by Dr. Charles and Peter Goadsby, MD, PhD, professor of neurology at the David Geffen School of Medicine, points to a much more complex picture involving dysfunction in the brain’s electrical networks and abnormal levels of particular neurochemicals.

This knowledge has led to a new class of medications called anti-CGRP (calcitonin gene-related peptide) drugs, which can be used acutely to treat a migraine attack once it begins, or to prevent migraine attacks from occurring.

Multiple anti-CGRP drugs are now on the market. Available as intravenous, injection or oral medications, some are aimed at prevention while others are approved to treat acute migraine. “A remarkable percentage of patients benefit from CGRP-targeting therapies” Dr. Charles says. “For some they are spectacularly effective and for most they are very well-tolerated. The problem is, they are expensive, so the current insurance guidelines state we should try other treatments before trying one of these. That’s a societal and ethical issue we’re dealing with now.”

The CGRP inhibitors may be

just the beginning. Dr. Charles, Dr. Goadsby and colleagues are participating in research on another peptide, dubbed PACAP (pituitary adenylate cyclase-activating polypeptide), which is thought to play a role in migraine. Research is also underway on neuromodulation therapies – magnetic, electric or mechanical treatments that stimulate specific parts of the brain to interrupt migraine activity.

Medication as well as non-medication therapies are offered at the UCLA Goldberg Migraine Program. Patients undergo a detailed diagnostic workup and are paired with physicians best suited to help them, such as specialists in migraine related to brain trauma or migraine linked to female hormones. “The first order of business is to make an appropriate diagnosis that guides therapy,” Dr. Charles says. “The ultimate cause of migraine may be the same in each individual, but the underlying factors may be very different, and the plan for management needs to be individualized.”

While more treatment options are now available, many Americans have not been properly diagnosed or don’t know that there are newer, more effective medications, Dr. Charles says. “Even with all these new therapies, migraine is still tremendously underdiagnosed,” he says. “Now that we have all of these new therapeutic options, it’s important to get a correct diagnosis.”

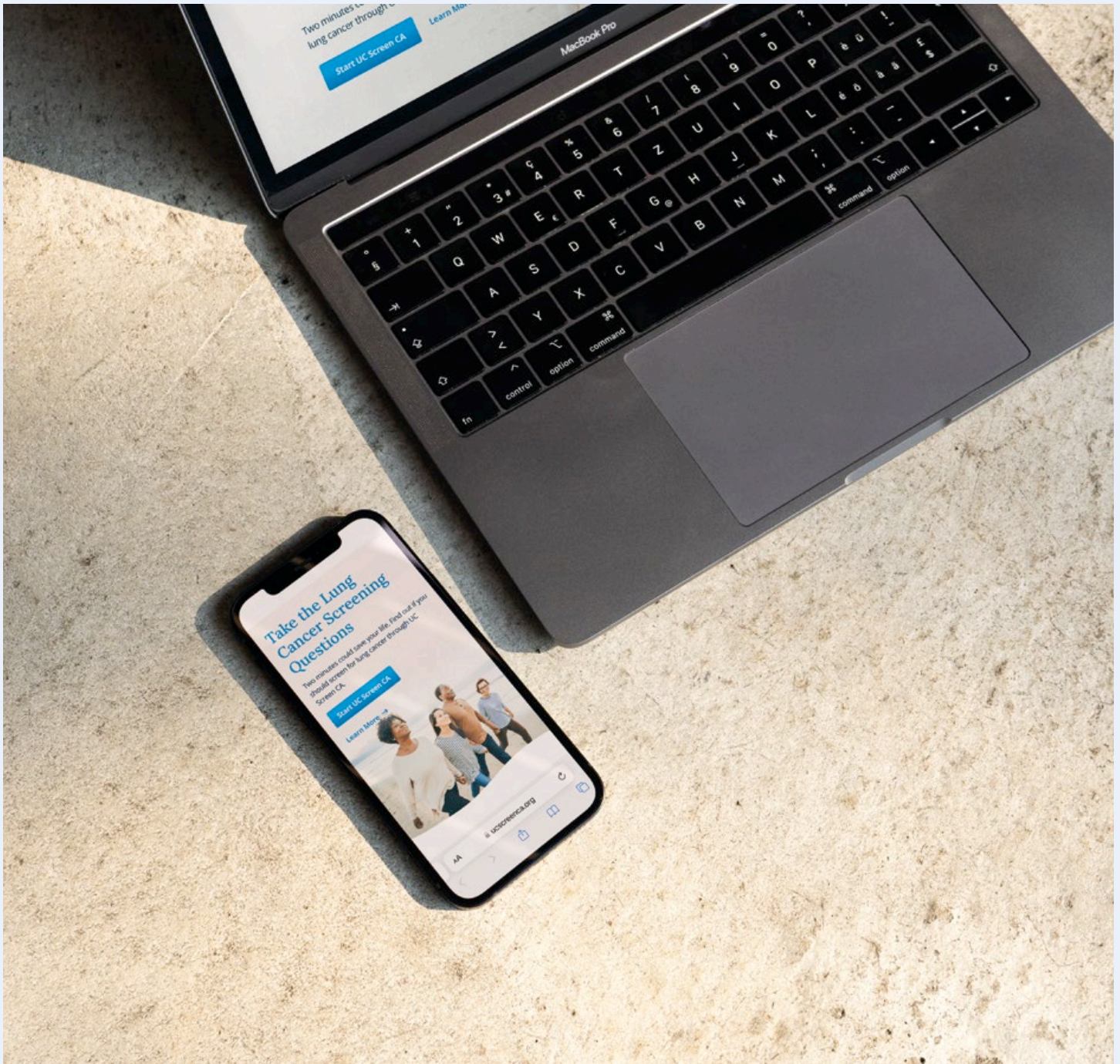


For more information about migraine treatment at UCLA Health, scan the QR code or go to: uclahealth.org/medical-services/neurology/migraine



For more information about the UCLA Goldberg Migraine Program, scan the QR code or go to: ucla.in/Goldberg-Migraine-Program





Lung cancer screening website launched to boost early testing

“[The website] is not just for UCLA or UC patients. It’s meant for anyone who can find it valuable.”

The University of California has launched a website to promote early lung cancer screening, with the goal of saving lives by improving the state’s screening rate. UC Screen California, developed by the University of California Lung Cancer Consortium, helps people with a history of smoking quickly determine if they qualify for lung cancer screening, explains Amy Cummings, MD, PhD, a UCLA Health thoracic oncologist.

“We know that screening can save lives,” says Dr. Cummings, who led development of the website as part of the consortium’s Lung Cancer Screening and Prevention Task Force.

For website visitors who qualify for screening, the site provides care navigation throughout the state, linking patients to scheduling, transportation, respite or childcare resources and other related services.

“It’s not just for UCLA or UC patients,” says Dr. Cummings, who is a member of the UCLA Health Jonsson Comprehensive Cancer Center (JCCC). “It’s meant for anyone who can find it valuable.”

Lung cancer is the leading cause of cancer death in the U.S., according to the American Cancer Society. Each year, more Americans die of lung cancer than of colon, breast and prostate cancers combined. Lung cancer screening, which is done by low-dose computed tomography (LDCT), looks for nodules, which are abnormal growths that can be a sign of lung cancer.

The screening is simple and quick, Dr. Cummings notes. No advance preparation or blood work is necessary, and the radiation exposure is low. But only 1% of Californians who are eligible for screening are getting it done — while the national rate is around 6%. Many may not know about LDCT or don’t realize they qualify. Others may be reluctant to share their smoking histories with their health care providers.

“One of the main eligibility criteria [for screening] is a history of smoking and smoking a certain amount in a lifetime,” Dr. Cummings says. “That can be hard to capture from medical records and patient histories.”

Visitors to the website answer a few questions to see if they qualify. After establishing age and if a person has ever smoked, the site asks if a person has smoked in the past 15 years, noting that even a couple of puffs count. It then asks how many years a person smoked, rounded up to the nearest year. Finally, it asks, on average, when a person smoked and how much they smoked daily. Once the person has given their answers, the site instantly responds if screening should be done.

The U.S. Preventive Services Task Force (USPSTF) and the American Cancer Society both recommend annual screening from ages 50 to 80. Additionally, they say a person must also have smoked for a minimum of what’s known as “20 pack-years,” calculated by multiplying the number of packs of cigarettes smoked per day by the number of years a person has smoked. For example, a person who smoked one pack of cigarettes per day for 20 years or two packs per day for 10 years would qualify.

The USPSTF and American Cancer Society differ in their recommendations for people who no longer smoke. USPSTF says people should have smoked within the last 15 years to be screened; the American Cancer Society says people who otherwise qualify should be screened regardless of how long ago they quit. The UC Screen website follows the American Cancer Society’s eligibility guidance.

If a user meets the eligibility guidelines for screening, the site will offer to connect the person with a care navigator to help make an appointment and coordinate any needed aftercare. “Where the real value of the website comes in is that extra level of support,” Dr. Cummings says. “If you don’t have a doctor, we’re going to connect you to a doctor who can help you. It’s easy to get overwhelmed by health care, particularly in California. This is making it as easy as it can be.”

While California’s overall rate for lung cancer screening is among the lowest in the nation, within the UC system, it is 20% to 30% of eligible patients, Dr. Cummings says. By 2025, UC wants to hit 40%. By 2030, the goal is to have California overall reach the national average.


“We go across California; we touch so many Californians’ lives,” Dr. Cummings says. “If we were to invest and leverage all our connections, we can move the needle in a meaningful way.”




Photo: iStock



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 **To learn more about lung cancer screening at UCLA Health, scan the QR code or go to:** ucla.in/lung-cancer-screening



 **To access UC Screen California, scan the QR code or go to:** ucscreenca.org/m/ucfcc



Recognizing and responding to child anxiety



Photo: iStock

Anxiety and depression among young people have increased since the early days of the COVID-19 pandemic, doubling according to some estimates. But it's not always easy to distinguish potentially problematic anxiety from normal, everyday worries.

That fight-or-flight feeling we get, which “evolved over time to keep us safe,” is anxiety, says John Piacentini, PhD, director of the UCLA Child OCD, Anxiety and Tic Disorders Program and the UCLA CARES Center for Child Anxiety Resilience Education and Support. “It is one of the most helpful emotions we have, and absolutely normal.”

But anxiety becomes problematic when it arises in the absence of danger. Excessive anxiety is often the first problem to emerge among troubled teens. “When their anxiety goes

off, they interpret situations that others might think would be positive as being potentially dangerous,” he says. “For example, most kids want to go to birthday parties and see friends. Most kids want to go to Six Flags. Anxious kids don't want to do any of those things because they're terrified for different kinds of reasons.”

Anxiety is the most common child psychiatric disorder, according to the U.S. Surgeon General's report on youth mental health, affecting 12% to 20% of children. Anxiety goes from normal to a level that may benefit from treatment when it interferes with a person's everyday life, Dr. Piacentini says.

“When anxiety gets to the point where the children involved aren't really able to function, it becomes severely disruptive for the family, the child becomes isolated, or they become

depressed; then we start thinking about the need for treatment,” Dr. Piacentini says.

Early intervention for anxiety can have positive effects in preventing depression, suicidal thoughts and substance use, he added. Some questions parents or caregivers can ask themselves, to help clarify if a child may have an anxiety disorder, include:

- Does the child worry or ask for parental assurance almost every day?
- Does the child consistently avoid certain age-appropriate activities or situations (such as soccer practice or birthday parties), or avoid doing them without a parent?
- Does the child frequently have headaches, stomachaches or episodes of hyperventilation?
- Does the child have daily repetitive rituals (such as handwashing or the need to organize things in certain ways)?

Anxious children are likely to have at least one anxious parent, Dr. Piacentini notes. “When we see our kids struggling with anxiety, that makes us anxious, and we start doing all the things we don’t want them to do.” Remaining calm, he says, is essential.

Dr. Piacentini recommends a number of ways to support a young person dealing with anxiety: Listen with empathy and without judgment. Caregivers may want to intervene on behalf of an anxious child, but it’s important to instead practice patience and compassion, Dr. Piacentini says.

Avoid giving into fear and avoidance

“When anxiety gets to the point where the children involved aren’t really able to function, it becomes severely disruptive for the family, the child becomes isolated or they become depressed.”

behaviors. A child with anxiety may try to resist going to school, but if throwing a tantrum allows them to stay home, this reinforces negative behaviors. Be calm but firm and insist that they go to school or any other scheduled, age-appropriate activity.

Catch kids being courageous. Parents and caregivers may be quick to notice episodes of anxiety in the young people in their lives, but it’s also important to recognize instances of healthy behaviors. Celebrate a child when they take on new challenges or overcomes fears.

Share personal experiences. “It can be helpful for parents to self-disclose a little bit,” Dr. Piacentini says. For example, they might share that they also used to be nervous about going to birthday parties when they were little, but after talking to their moms and dads about it, they felt a little better and ended up having fun at the party with their friends.



For information about UCLA Health child and adolescent psychiatry, scan the QR code or go to: uclahealth.org/locations/child-adolescent-psychiatry



For information about the UCLA CARES Center, scan the QR code or go to: carescenter.ucla.edu



Shoulder-replacement surgery grows as option to restore functionality



Post-operative X-ray image of a reverse shoulder replacement.
Image: Courtesy of Dr. Andrew Jensen

As the U.S. population ages and the technology advances, joint-replacement surgery has become an increasingly appealing option for individuals looking to reduce pain and regain function by substituting manufactured devices for frayed or otherwise damaged bones. While more people are familiar with knee and hip replacements, shoulder-replacement surgery is an equally safe and effective treatment for individuals who are unable to find relief from non-surgical approaches, says Andrew Jensen, MD, MBE, a UCLA Health orthopaedic surgeon who specializes in primary and revision shoulder and elbow surgeries.

“A large number of people are affected by the conditions that these surgeries are designed to benefit, and shoulder replacement now has wide applicability,” Dr. Jensen says. While many people’s discomfort can be sufficiently

addressed with physical therapy, non-narcotic medications or steroid injections, “for those who are still experiencing severe pain or discomfort that interferes with their sleep, work or ability to enjoy their hobbies, shoulder replacement is a reasonable step.”

He explains that the most common condition leading people to seek a shoulder replacement is pain from osteoarthritis — a degeneration of the joint that typically worsens with age — or the wear and tear associated with high-intensity sports

or physical labor. Other conditions include traumatic injury or fracture, rheumatoid arthritis (in which the immune system attacks the joints) or cancer.

The typical surgery for these patients — assuming they have no damage to their rotator cuff tendons — is an anatomic shoulder replacement, which replaces damaged portions of the shoulder joint with prosthetic parts. If the rotator cuff muscles are torn or degenerated, a reverse shoulder replacement is performed, in which the new ball of the shoulder is placed on the socket side of the joint, while the socket is placed on the outside. This approach restores movement to the shoulder through the deltoid muscle when the rotator cuff has lost function.

The majority of patients who undergo shoulder replacement are able to return home the same day. Postsurgical pain can be reduced

“A large number of people are affected by the conditions that these surgeries are designed to benefit, and shoulder replacement now has wide applicability.”

with a regional block to numb sensation in the shoulder for the initial recovery period. Following surgery, patients must wear a shoulder immobilizer for two-to-six weeks, during which time they begin working with a physical therapist to optimize their recovery.

Dr. Jensen notes that both the anatomic and reverse shoulder-replacement surgeries have undergone significant improvements over the years, with smaller and more effective implants, along with advances in surgical technology to reduce the invasiveness of the procedure and improve outcomes. UCLA, which performs a higher volume of shoulder-replacement surgeries than most institutions, has been at the forefront of those advances.

“More than anything else, this surgery is very good at alleviating pain in the vast majority of patients,” Dr. Jensen says. “In addition, nearly everyone has more range of motion than they had before surgery, and approximately 80% are able to participate in a sport they couldn’t participate in before due to their shoulder pain. Overall, most of our patients are extremely happy with the results.”



For more information about shoulder and elbow surgery at UCLA Health, scan the QR code or go to: uclahealth.org/medical-services/ortho/shoulder-elbow-surgery



ASK THE DOCTORS

Grief is a normal part of life, but “complicated grief” needs to be addressed

“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

DEAR DOCTORS: My mother and stepfather were married for 42 years when he passed away suddenly. That was a year ago, and she’s still struggling. I talked to my doctor about it, and he said it sounds like “complicated grief.” I’ve never heard of that. What can we do to help her?

DEAR READER: Grief is a response to loss that is so profound, it can temporarily disrupt our most basic connections to daily life. Someone who is grieving may find it difficult to perform routine tasks, have trouble sleeping or eating and may be unable to feel interested or involved in the lives and actions of others. Sorrow can

prevent them from feeling other emotions, such as contentment, happiness, curiosity or joy. Anger may also make a baffling, and unwelcome, appearance in their lives. The rigors of grieving can give way to depression, lead to health problems and even cause changes to cognition.

For most people, the intensity of grief eases. They begin to cope with their loss, resume their lives and even become able to forge new relationships. This typically occurs gradually over a period of time. And unlike in theories about specific stages of grief, recovery is typically fragmented, uneven and perhaps a bit chaotic. For some people, though, the emotional distress of grief fails to lessen. And as it persists, it puts

the individual at risk of both physical and mental health issues, suicidal thoughts and even premature death. This has led to the term that your doctor used — complicated grief. Sometimes also referred to as prolonged grief disorder, it was first identified in the early 1990s. It is estimated that up to 10% of people who suffer a loss experience complicated grief. Older adults, like your mother, have been found to have an increased risk of developing this disorder.

Treatment often involves a multidisciplinary approach. For some, it includes medications to manage depression and anxiety. These

can help ease the emotional burden that makes it difficult for the individual to feel a sense of the future. Complicated grief shares some aspects of post-traumatic stress disorder. This has led to the development of a targeted type of psychotherapy for this disorder. It includes an educational aspect, in which people learn about the signs and symptoms of complicated grief. This helps them to understand what they are experiencing. The therapy also helps people explore the unexpected ways in which grief has manifested in their lives, focuses on coping skills and gives them a safe space in which to express and explore their feelings. In addition to loss, these often include despair, guilt and hopelessness.

Behavioral therapy often is also part of this treatment approach. So are support groups made up of people who are dealing with similar losses. When someone is struggling as your mother is, it is important to get a diagnosis. This usually includes a medical history, a physical exam and a mental health evaluation. The results will guide a treatment plan to help your mother regain her equilibrium and move forward with her life.

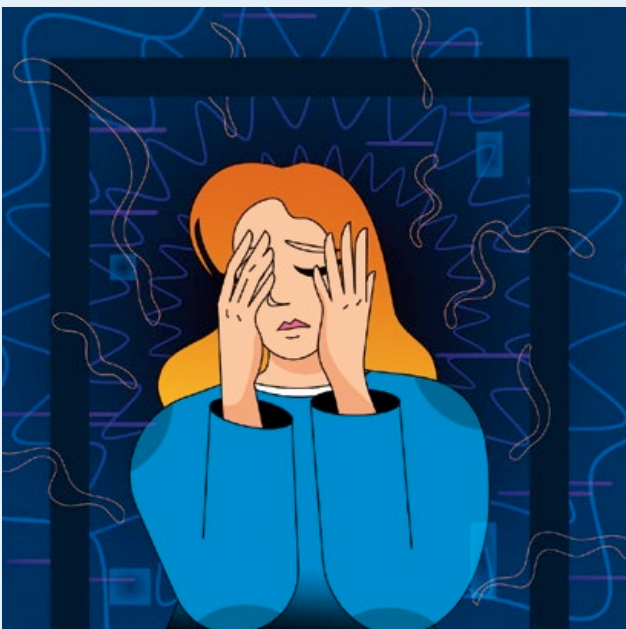


Illustration: Maitreyee Kalaskar



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

Community Health Programs

MAY / JUNE / JULY 2024 COMMUNITY CALENDAR EVENTS

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

DIABETES

Integrative Medicine Approaches to Diabetes

Dr. Rashmi Mullur and dietitian Lara Al-Dandachi will discuss the impact of stress on blood sugar control, the use of mind-body practices to improve blood sugar regulation and information on supplements often used for diabetes.

When: Second Tuesday of each month, 10 am – noon

Where: Teleconference sessions

RSVP: diabeteseducation@mednet.ucla.edu or 310-828-1050

Living with Type 2 Diabetes (monthly)

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, medications 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 reactions.

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, July 9, noon – 1 pm

Where: Teleconference session

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

INTEGRATIVE MEDICINE

Virtual Yoga Therapy

Yoga therapy blends gentle physical postures with breathing techniques and meditation to achieve union of mind, body and spirit. Practice from your home, office or outdoors. No mat needed.

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

Where: Teleconference session

Join Zoom class: uclahs.zoom.us/j/98332866743

KIDNEY DISEASE

Chat with Dr. Anjay Rastogi and CORE Kidney Team

Professor and Clinical Chief of Nephrology and Director of 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 health, 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: Wednesday, May 1; Saturday, Jun. 1; Monday, Jul. 1, 5 – 6 pm

Where: Teleconference sessions

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, Apr. 18, May 16, Jun. 20, Jul. 18, 5:00 – 5:45 pm

Where: Teleconference sessions

RSVP: 310-206-6741 or NephrologyAdmin@mednet.ucla.edu

MOVEMENT DISORDERS

How to Shake the Shakes

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

When: Saturday, May 11, registration at 9:30, lecture 10 am – noon

Where: Founders Hall Auditorium at Bakersfield Memorial Hospital
420 34th St., Bakersfield

RSVP: 661-679-3590 or 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 or 310-341-5459

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 or 310-341-5459

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: Marilyn Hilton MS Achievement Center

Info & application: 310-267-4071 or 310-341-5459

PODIATRY

Bunions and Bunion Surgery

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

When: Tuesday, May 21, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive 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, Jun. 18, 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, Jul. 16, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

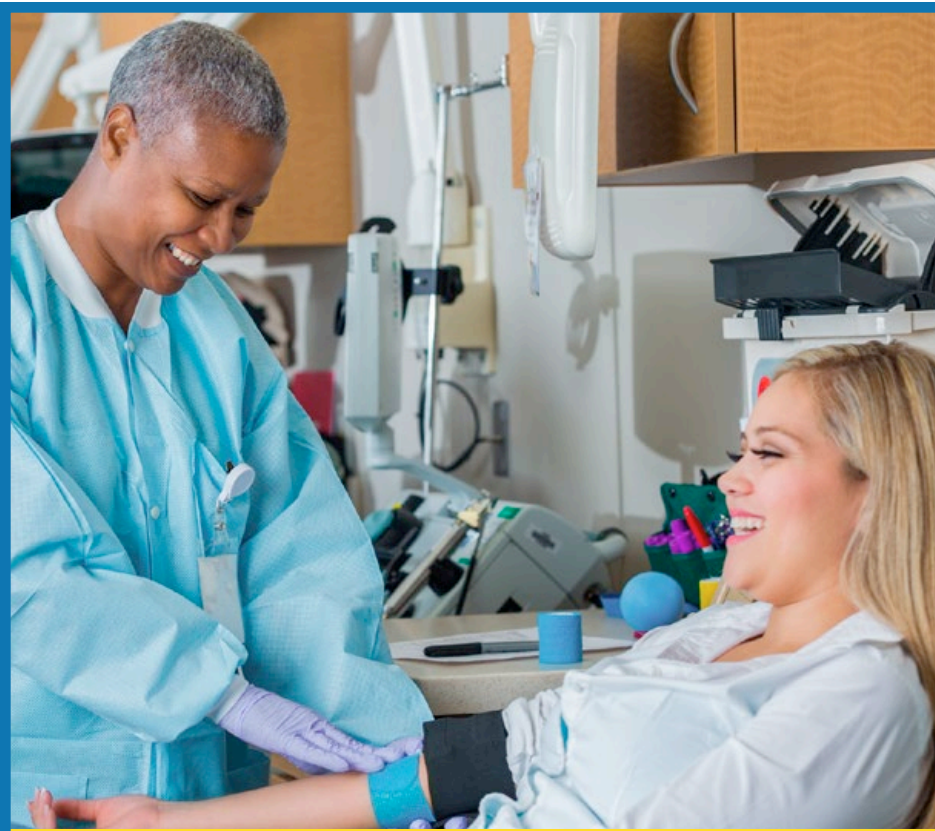
STRESS REDUCTION

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 sessions

Info: uclahealth.org/programs/marc



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UCLA Health

SUPPORT GROUPS

Health Care Support Groups

UCLA Health and its community partners offer a number of support groups, available in person and via teleconference, designed to support and inform patients, families and caregivers coping with a variety of diagnoses, including brain aneurysms, diabetes, Alzheimer's disease and others.



Brain Aneurysm Virtual Support Group

The Brain Aneurysm Virtual Support Group is for patients diagnosed with an unruptured brain aneurysm, those who survived a ruptured aneurysm, and all caregivers who have supported and taken care of these patients. The group provides an opportunity for reassurance and personal exchange between patients and caregivers and to empower patients and caregivers in the care and recovery processes.

When: quarterly on a Monday from 6 – 7 pm via Zoom

Upcoming meeting: May 13

Info: dmoreland@mednet.ucla.edu

Neurosurgery Patient and Family Virtual Support Group

The Neurosurgery Patient and Family Virtual Support Group is open to all patients who have been treated for a neurosurgical condition and their family members. The meeting is designed to engender meaningful, lasting connections between survivors and caregivers, and to provide an open forum for connection, support and understanding.

When: Third Tuesday of each month from 5:30 – 7 pm via Zoom

Upcoming meetings: May 21 and June 18

Info: npfac@mednet.ucla.edu

Insulin Connection Westside

Join a support group for people living with type 1 diabetes who use insulin through multiple daily injections or an insulin pump. Become informed and get emotional support in a relaxed and fun atmosphere.

When: Every other month on the second Tuesday from 6 – 7 pm via Zoom and in person

Upcoming meeting: June 11

Info: diabeteseducation@mednet.ucla.edu

Young-onset Alzheimer's Disease

This free, virtual support group is designed for family caregivers of those diagnosed with young-onset Alzheimer's Disease.

When: First Tuesday of the month, noon – 1:30 pm

Info: mrmoores@mednet.ucla.edu

Head/Neck Cancer Support Group

For head and neck cancer patients and their support networks.

When: Third Tuesday of every month, 6 – 8 pm

Where: Radiation Oncology Conference Room, 200 UCLA Medical Plaza, Suite B265

Info: 310-267-3135 or emorasso@mednet.ucla.edu

Teen Adventure Program (TAP)

This Pediatric Hematology/Oncology program provides activities and support for teens and young adults (ages 15-25) with cancer.

When: Meets once every other month

RSVP & Info: Marla Knoll, MSW 310-267-9751 or Alexis Gentry, MSW 310-267-9734.

Lupus LA Adult Support Group

Join our monthly, confidential support group to learn more about lupus and how to live well with the symptoms of the disease.

When: Meetings are listed each month at lupusla.org/supportgroups

Where: Teleconference sessions

Info: 310-657-5667 or kcmahon@lupusla.org or lupusla.org

Adult Heart/Lung Patient/Family Support Group

For pre- and post-heart-and-lung transplant patients and their family members.

When: First Monday of each month, noon – 1:30 pm

Contact: Eileen Sudeck, MSW 310-267-9728



For more information, including a full list of support groups at UCLA Health, please visit: uclahealth.org/patient-resources/support-information/support-groups



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Vital Signs

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