

Vital Signs

FALL 2010 | VOLUME 48

FEATURE STORIES

Bipolar Disorder in Children

Page 4

Whooping Cough

Page 8

Hand Transplant Program

Page 11

Community Calendar

Page 12

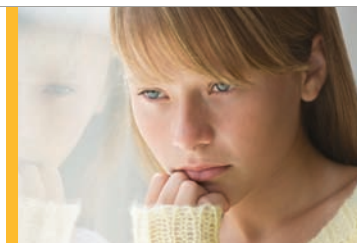


Addressing Alzheimer's Disease Early is Key

Today, an estimated 5.3 million Americans have Alzheimer's disease — the most common dementia in older people — and now experts believe damage to the brain that brings on the disease begins 10 to 20 years before the onset of dementia. With that knowledge in mind, it is now thought that addressing the disease at its earliest stages is key to staving off dementia.

"We believe that ultimately it will be easier to protect a healthy brain rather than try to repair the brain once damage sets in," explains psychiatrist Gary Small, M.D., director of the UCLA Center on Aging.

[Continued on page 7](#)



In This Issue

- 2 What's New at UCLA
- 3 "Heart in a Box"
New system may enable donor hearts to be kept viable outside of the body longer
- 4 Bipolar Disorder in Children Difficult to Diagnose
Children often experience symptoms differently than adults
- 6 High-Dose-Rate Brachytherapy
Effective treatment that is relatively painless, with fast recovery and minimal side effects
- 7 Alzheimer's Disease
Early detection, treatment key to minimizing dementia
- 8 Whooping Cough Epidemic
Vaccination encouraged for adults and adolescents in contact with newborns
- 10 Postmenopausal Hormone Therapy
No one-size-fits-all recommendation for hormone therapy in postmenopausal women
- 11 Hand Transplant Program
First center on the West Coast and only the fourth of its kind in the U.S.
- 12 Community Calendar
Health and wellness for the community



Best in the West and No. 5 in the Nation

U.S. News & World Report's America's Best Hospitals 2010-11

UCLA Health System Ranks No. 1 in Southern California in:

Cancer
Diabetes and Endocrine Disorders
Digestive Disorders
Ears, Nose and Throat
Eyes/Ophthalmology
Geriatrics
Gynecology
Heart and Heart Surgery
Kidney Disease
Neurology and Neurosurgery
Orthopaedics
Psychiatry
Rheumatology
Urology



96 percent of our patients say they would recommend UCLA Health System to a friend or family member.



To hear from some of our patients, go to:
<http://www.uclahealth.org/patientstories>



To find more about our rankings, go to:
<http://uclahealth.org/usnews>

Construction Begins on Outpatient Building in Santa Monica

Construction began in July on the 16th Street Outpatient Surgery and Oncology Building at 1223 16th Street, across from Santa Monica-UCLA Medical Center and Orthopaedic Hospital. The three-story building will house eight operating rooms for outpatient surgery, two radiation-oncology units for cancer treatment, laboratories and medical offices, as well as teaching space for training medical students. "The building will be the perfect complement to our new hospital," says Posie Carpenter, chief administrative officer at Santa Monica-UCLA Medical Center and Orthopaedic Hospital. "It will provide a patient-friendly setting to better serve our ambulatory patients while also enabling us to further our mission of medical education."



“Heart in a Box” System May Increase Donor Pool, Improve Outcomes

“This is a new era in heart transplantation. These technologies have the potential to significantly reduce the number of patients who die while waiting for heart transplantation.”

Since the advent of transplantation, the only method to preserve a donor heart has been to place it in a cold preservation solution during transport to the recipient. But that may change with a new heart-preservation system designed to maintain the organ in a warm, beating and functioning physiologic state outside of the body.

“Human hearts were never meant to be put on ice in a cooler,” says Abbas Ardehali, M.D., surgical director of the UCLA Heart and Lung Transplant Program and principal investigator of the Organ Care System — also known as “heart in a box” — trial in the U.S., which is being conducted at UCLA and four other leading heart transplant centers across the country.

Many major transplant centers only consider using donor hearts that can be transplanted within six hours or less of recovery. Using a new organ-preservation system in which the heart is revived to a beating state, protected within a sterile chamber and continuously perfused with warm, oxygenated, nutrient-

rich donor blood, the heart may potentially be kept outside of the body for longer periods of time. “If we’re able to safely transport donor hearts across longer distances, from the East Coast to West Coast for example, we may be able to increase the pool of donor hearts available to patients,” Dr. Ardehali says.

Another potential benefit of the new system, Dr. Ardehali adds, is the ability to more comprehensively assess the heart prior to implantation using imaging, functional and metabolic testing. This may lead to improved immediate and long-term heart function, reduce the risk of organ rejection and increase the number of hearts accepted for transplant.

“A lot of donor hearts are currently discarded,” says cardiologist Ann Hickey, M.D., medical director of the UCLA Heart Transplant Program. “If we have the time and the technology to get a better look at the heart prior to transplantation, we may find that we can use some of the donor hearts that



Image courtesy of TransMedics

would have otherwise been rejected.” In addition, Dr. Hickey says new techniques are being developed that will allow physicians to improve the function of donor hearts prior to transplantation, which may also help to increase the available donor pool.

“This is a new era in heart transplantation,” Dr. Hickey says. “Together, these technologies have the potential to significantly reduce the number of patients who die while waiting for heart transplantation and improve long-term outcomes for heart-transplant recipients.”

Results of the trial, which will specifically evaluate whether the new system extends the amount of time available to transfer the heart from donor to recipient, will be available within the next two years.

Bipolar Disorder

Difficult to Diagnose in Children

“Children with bipolar disorder often experience symptoms differently than adults, and they may also have more difficulty explaining how they feel.”

An estimated 2 percent of children and adolescents in the United States are living with bipolar disorder, formerly known as manic-depressive illness. Experts say the condition is difficult to diagnose, particularly in younger children. But there is agreement on one thing: Bipolar disorder makes it difficult for a child to function well in school or get along well with friends and family.

“Children with bipolar disorder often experience symptoms differently than adults, and they may also have more difficulty explaining how they feel,” says David J. Miklowitz, Ph.D., director of the Child and Adolescent Mood Disorders Program at UCLA, one of only a few programs in the country specializing in the diagnosis and treatment of bipolar disorder in children and teens. “To make what we call a presumptive diagnosis, we interview the child and his or her parents — looking for specific emotions, behaviors, sleep patterns and cognitive styles consistent with bipolar disorder — and then put the pieces of the puzzle together to decide if the child meets the diagnostic criteria for the illness.”

The most common symptoms of the manic side of bipolar disorder include irritable or elated mood, racing thoughts, rapid speech, grandiosity and sleep disturbance without feeling tired. These phases are often followed by periods of severe depression, hopelessness, suicidal thoughts or actions, insomnia and fatigue. Depression tends to become more common during and after puberty, particularly among girls. Children with mood disorders are also at greater risk for co-occurring problems, such as anxiety disorders, attention-deficit disorder, disruptive-behavior disorders, substance abuse and attempts at self-harm and suicide.

“Rather than only talking to the child, it’s very important to get family members involved in the process of providing information to make the diagnosis and later to manage the disorder,” Dr. Miklowitz says. “We usually start with medications, such as mood stabilizers, anti-psychotics or drugs to manage attention-deficit disorder or improve sleep, but our research shows that combining medications with therapies that involve the family is usually the most effective regimen for staving off future episodes.”

Psychotherapy includes family intervention to teach children and parents how to recognize early warning signs of relapse, identify important stress factors that play a role in recurrences, communicate better as a family and solve family problems. According to Dr. Miklowitz, compared with those who receive medication alone, children who receive both medication and family therapy recover from episodes more quickly, feel well more often, experience less severe depression symptoms and report more life satisfaction. He emphasizes that early intervention is important and that parents should seek a diagnosis from qualified professionals as soon as they suspect their child has bipolar disorder or some other mood disorder.

“As with any illness, bipolar disorder can get worse over time,” Dr. Miklowitz explains. “The earlier we can get kids on an effective treatment regimen, the better the long-term outcome will be.”



For more information about the Child and Adolescent Mood Disorders Clinic, go to:
www.semel.ucla.edu/champ



Bipolar Disorder: The Big Picture

Bipolar disorder is among the world's oldest recognized psychiatric conditions. And while more is known today than in the past about treating bipolar disorder, it is still often mischaracterized and misunderstood.

"Recent diagnostic trends in psychiatry and psychology, as well as reports in the news media, have tended to trivialize this illness," says David J. Miklowitz, Ph.D., director of the Child and Adolescent Mood Disorders Program in the UCLA Semel Institute for Neuroscience and Human Behavior. It has been used to explain less serious mood and adjustment problems of children and teens, and to label adults who exhibit milder forms of manic and/or depressed behavior than would be seen in true bipolar disorder. "And the association of bipolar disorder with artistic creativity, while welcome for de-stigmatizing the illness, makes it sound as if anyone with the disorder has Tchaikovsky inside them waiting to come out," Dr. Miklowitz says.

The realities are much different. People with bipolar disorder spend close to half their lives in debilitating states of depression that make it hard to work or maintain relationships or parenting roles. And while many people with the disorder do have artistic or literary talents, they are too depressed or too medicated to take full advantage of their talents.

Fortunately, today there are mood-stabilizing medications that, while not easy to take, reduce symptoms, even out the highs and lows, and keep people out of the hospital. There are also specific forms of therapy that address the needs of the bipolar person. The combination of medications and therapy decreases the time it takes for sufferers to recover from their episodes and reduces the risk of recurrence. Even more important, says Dr. Miklowitz, today's treatments "may increase quality of life, which is usually the most important goal for the person with the disorder and his or her family."

High-Dose-Rate Brachytherapy

Gets Patients Back to Normal Living More Quickly



Nearly half of all cancer patients receive radiation therapy to treat their cancer or relieve symptoms. Radiation therapy kills cancer cells by destroying their DNA, but it may also affect normal cells and adjacent organs in the process. The goal of brachytherapy, or internal radiation therapy, is to precisely target the radiation exposure to the tumor where it is needed and avoid surrounding healthy tissues by placing radioactive sources directly on or inside cancer tissues.

“By treating the tumor from the inside out, we can rapidly deliver higher doses of radiation to the tumor, with relatively few side effects,” explains UCLA radiation oncologist and chief of the Division of Brachytherapy

In addition to being highly effective, HDR brachytherapy is a relatively painless procedure with a fast recovery.

D. Jeffrey Demanes, M.D., a pioneer of high-dose-rate (HDR) brachytherapy. HDR brachytherapy has been used successfully to treat prostate, breast, head and neck, gynecologic, gastrointestinal, skin, soft-tissue sarcomas and many other types of cancer. “In some cases it is used as the only treatment, and in other cases this precision radiation therapy is combined with surgery, external-beam radiation therapy or chemotherapy, depending upon the type and extent of the cancer and needs of the individual patient,” Dr. Demanes says.

HDR brachytherapy uses a computerized robotic-delivery device to temporarily insert a tiny radiation source into a tumor. It is performed by inserting thin, straw-like applicators about the size of an intravenous line in or near the treatment site. Once the applicator has been optimally positioned, the physicians and highly trained physics team work with a treatment-planning computer program to create a virtual image of the implant and surrounding anatomy so they can customize a precise, patient-specific dose distribution. Electronic instructions for positioning the miniature radioactive source are then sent to a robotic “afterloader,” which is operated by a specially trained radiation therapist to deliver the radiation source.

Unlike older forms of brachytherapy, which leave radioactive seeds in or near the cancer site for an extended period of time while the patient is hospitalized, HDR brachytherapy can often be done on an outpatient basis in a specially designed treatment booth. The HDR applicators and radioactive material are completely removed so there is no residual radiation or radioactivity after treatment. The entire HDR treatment process is typically completed in one to two weeks.

“HDR brachytherapy tends to have an excellent risk-benefit ratio,” Dr. Demanes says.

“In addition to being highly effective, it’s a relatively painless procedure, with fast recovery and the acute side effects tend to be of short duration. It allows patients to get back to their normal lives more quickly than other kinds of radiation therapy.”

When used as a primary treatment, HDR brachytherapy is designed to preserve the structure and function of the involved organs.

It can also extend the effectiveness of cancer surgery by killing cancer cells at the surgical margins, and it can be used where other forms of radiation have been previously applied and are no longer considered advisable.



For more information about radiation oncology and brachytherapy, go to:
<http://www.radonc.ucla.edu>



To watch a video about HDR brachytherapy, go to:
<http://streaming.uclahealth.org/brachytherapy>



Continued from cover

Alzheimer's Disease: Early Detection Is Key

"Our strategy is to find biomarkers based on brain imaging, protein analysis and other biological measures to help us predict who is at greatest risk for developing Alzheimer's disease and then treat them early," Dr. Small says.

Alzheimer's disease is initially diagnosed when people experience cognitive impairment, such as changes in memory or language ability. A clinical diagnosis of Alzheimer's disease is supported with biological tests, but, says Joshua Grill, Ph.D., director of the Katherine and Benjamin Kagan Treatment Development Program in the Easton Center

for Alzheimer's Disease Research at UCLA, it would be ideal to address Alzheimer's disease before it reaches the stage where patients develop dementia.

"We aim to be able to diagnose and treat the disease before it affects the way people live their lives," says Dr. Grill. Diagnosis is important because reversible causes of dementia, such as vitamin B deficiency or abnormalities in thyroid function, can be treated. There are currently no drugs for Alzheimer's disease that change the course of the underlying disease once it begins —

only medications that help patients deal with symptoms. But researchers hope that by catching the problem early, they can give themselves the best shot at slowing the disease with investigational medications in clinical trials.

"People who are concerned about something like memory loss should seek the help of a qualified physician as soon as possible so that he or she can help identify what's really going on," Dr. Grill says. "While some people are genetically predisposed to Alzheimer's disease, it's not certain that they will develop the disease, and they may be able to take steps now to reduce their risk for developing Alzheimer's disease later in life."

Dr. Small adds that "a healthy lifestyle is brain protective. If people really understood this and adopted even one healthy behavior as a result — something as simple as taking a brisk 20-minute walk four times a week, or eating fresh fruits and vegetables every day — it's estimated that we would see a million fewer cases of Alzheimer's in five years."



For more information, go to:
<http://www.aging.ucla.edu>



Gene-Therapy Technology May Be Important to Fighting Alzheimer's Disease

A new clinical trial at UCLA is testing gene-transfer technology as a treatment for Alzheimer's disease. In the study, DNA-producing nerve growth factor (NGF) is injected directly into the nucleus basalis, a cluster of nerve cells in the brain known to be susceptible early in Alzheimer's disease. The study represents an important advancement in Alzheimer's disease research.

"NGF is vital to the development of the brain and central nervous system when we're born because it tells nerve cells to stay alive," explains Joshua Grill,

Ph.D., director of the Katherine and Benjamin Kagan Treatment Development Program in the Easton Center for Alzheimer's Disease Research at UCLA. "We've been trying to find a way to get NGF into older brains to prevent neurons from dying."

Researchers are investigating whether they can essentially "trick" neurons into making NGF as a way to keep them alive and functioning normally in patients with Alzheimer's disease. To test this theory, the experimental gene-transfer drug is being surgically injected into the brains of

patients in the treatment group. This study represents the first time gene-therapy technology is being used in Alzheimer's disease clinical research.

"We're pursuing many different types of therapies that have different targets in the brain, trying to find a way to slow, stop or reverse this disease," Dr. Grill says. "We want to find something that works as fast as possible."



For more information, go to:
<http://www.eastonad.ucla.edu>

Vaccine Recommended in Wake of Statewide Whooping Cough

Epidemic

Too often, physicians don't recognize pertussis until it has progressed, by which time it escalates rapidly, almost always requiring hospitalization for babies.

In June, the California Department of Public Health declared an epidemic of pertussis, also known as whooping cough, amid indications that the state was experiencing its worst outbreak of the illness in 50 years. Through the end of July, approximately 1,500 children had been diagnosed and at least seven infants had died from pertussis, an illness caused by the *Bordetella pertussis* bacterium that infects the respiratory system. The number of cases more than quadrupled what had been reported in California at the same point last year. UCLA pediatric infectious-disease specialist James Cherry, M.D., explains what is contributing to the epidemic, and discusses the need for more vigilance in detecting pertussis cases and increasing the vaccination rate for

adolescents and adults — especially those in close contact with newborns.

Why is California experiencing such an upswing in pertussis cases?

Pertussis was once extremely common — approximately 200,000 cases a year were reported in the United States in the 1940s, and it was a major cause of childhood illness and death, particularly among infants. A vaccine began to be widely used in the late 1940s, and since then the number of cases each year has been much lower. But we still experience up-cycles every two-to-five years, and the reason is a buildup of susceptible individuals: unvaccinated or partially vaccinated children. That's what's happening in California now.

Why are infants particularly vulnerable?

For one thing, infants can't get their first vaccination until they are at least 6 weeks old, and they do not have adequate protection until about 7 months of age after they have received three doses of vaccine. But beyond that, pertussis in the first three months of life tends to be particularly severe. Because it often starts as a mild illness with little or no fever, it's easy for parents to have a false sense of security. Too often, physicians don't recognize pertussis until it has progressed, by which time it escalates rapidly, almost always requiring hospitalization for babies, and sometimes proving fatal.

How is it most commonly transmitted to infants?

It's usually from contact in the household with a family member — most often the mother —

who has a cough illness that has not been recognized as pertussis. This is why it's so important that physicians do a better job of recognizing and treating pertussis, and that all appropriate people are vaccinated — particularly those who have contact with young babies.

What are the symptoms of pertussis?

Pertussis doesn't typically involve a fever. The illness starts somewhat mildly and then frequently becomes a paroxysmal cough, in which you cough all of the air out and take a breath — the whoop of whooping cough. In adolescents and adults, it is always worse at night. And unlike bronchitis or other coughing illnesses, the cough isn't productive. Adults will sometimes also have fainting spells and although they aren't likely to die from it, the illness can be severe, including causing broken ribs in some persons.

Who should be vaccinated?

Children receive the DTaP (diphtheria, tetanus and pertussis) vaccine as part of their routine immunizations. But since 2005, we have also had a booster shot (Tdap) for adolescents and adults with a special vaccine prepared for older persons. This is important because even if you have had the vaccinations in childhood, immunity wanes after about five years. The big push now is to get more people to use these adolescent and adult Tdap booster vaccines — in particular, women who are pregnant or have just given birth, along with the infant's father,

siblings and grandparents. This is known as a cocoon strategy and can prevent a good deal of early infant pertussis. Hospitals such as Ronald Reagan UCLA Medical Center, Mattel Children's Hospital UCLA and Santa Monica-UCLA Medical Center and Orthopaedic Hospital have programs to provide routine vaccinations for postpartum women, and children born at these hospitals are much less likely to get pertussis as a result. Unfortunately, although the Centers for Disease Control and Prevention recommends the booster for adolescents at age 11 or 12, as of 2008 only 44 percent of California adolescents were getting it.

To what do you attribute the lower-than-desirable vaccination rates?

Certainly there are people who have misconceptions about vaccines, such as the concern that they might cause autism — a charge that has been completely disproven. Prior to 1995, there were some negative reactions to the whole-cell DTP vaccine, but the present vaccines have had the reaction-causing components of the old DTP vaccine removed, so that reaction — fever and redness, pain at the vaccination site — is generally mild and less common. Moreover, the preservative thimerosal, which is falsely linked to autism, is now not even in the vaccine. But fear of vaccines is probably only a minor player, especially since we are doing a very good job of immunizing young children — close to 90 percent. Certainly, if that rate begins to decline, we will have a major epidemic on our hands.

When to vaccinate

Six weeks old, but infants are not adequately protected until the initial series of three shots is complete. In addition, the series of shots that most children receive wears off by the time they finish middle school.

Who else should be vaccinated?

New mothers and family members who have close contact with infants should receive the Tdap booster vaccine. The California Department of Public Health also recommends that the adolescent-adult Tdap booster vaccine be given to:

- Anyone 7 years and older who is not fully immunized, including those who are older than 64.
- Women of childbearing age, before, during or immediately after pregnancy.
- Other people who have contact with pregnant women or infants.

Where to receive the vaccine

The Tdap booster vaccine is being provided at birthing hospitals, including Ronald Reagan UCLA Medical Center, Mattel Children's Hospital UCLA and Santa Monica-UCLA Medical Center and Orthopaedic Hospital, community health centers, Native American health centers and local health departments.

Source: California Department of Public Health



James Cherry, M.D.





Experts say there is no one-size-fits-all recommendation for the use of hormone therapy in postmenopausal women.

Caution Urged for Women Undergoing Postmenopausal Hormone Therapy

At one time, experts encouraged postmenopausal women to take hormone therapy (HT) not only because it reduced such symptoms as hot flashes and vaginal dryness but also because researchers believed estrogen lowered women's risk for developing some diseases. But numerous studies published less than a decade ago contested that approach, demonstrating that HT actually increases women's risk for developing conditions such as cardiovascular disease and breast cancer. Now experts say there is no one-size-fits-all recommendation for the use of HT in postmenopausal women.

"It's a scenario that's very confusing to women," says Gail Greendale, M.D., research director of the Iris Cantor-UCLA Women's Health Center. "After we discovered the potential risks, many women and physicians became afraid to even think about HT. But some

women may be suffering unnecessarily because in some cases, appropriate, short-term, targeted use of HT in symptomatic woman can be beneficial and relatively safe."

Some women with less severe symptoms may opt to forego treatment, while others may respond well to alternatives to HT. These include medications typically used for depression but which have been proven effective in reducing hot flashes when used at lower doses. Vaginal moisturizers, creams or pills may also provide relief for some women. But the most effective treatment, Dr. Greendale says, remains systemic HT, which includes estrogen or estrogen in combination with progesterone. Both, however, have potentially serious side effects.

"There is some controversy about how we use these medications," explains Sara Hurvitz,

M.D., a breast oncologist at UCLA. "With regard to risk for breast cancer, using estrogen alone is considered safer than using estrogen in combination with progesterone. But if you use estrogen alone in a woman who still has her uterus, her risk for uterine cancer rises."

Balancing the risks and benefits of HT represents a major challenge for healthy postmenopausal, and even peri-menopausal, women. But these challenges are even greater for some women facing breast cancer, according to Dr. Hurvitz. "The tumor is hungry for estrogen in women who have estrogen and/or progesterone receptors expressed in their breast cancer," she says. "We want to interrupt the feeding process in order to stop the growth of cancer cells. Therefore, the use of anti-estrogen therapies, or hormone-modulation therapy, is almost always recommended in patients with breast cancer whose tumors express hormone receptors."

Drs. Hurvitz and Greendale agree that a tailored approach, in consultation with a woman's physician, is necessary when considering therapies. "The essential approach to HT is that it should be reserved for symptomatic women and used in the lowest dose and for the shortest period of time to effectively control symptoms," Dr. Greendale says. "That is the most conservative and safest way to use the hormone," Dr. Hurvitz adds.

UCLA Launches Pioneering Hand Transplant Program

In a major step toward establishing a new surgical frontier, UCLA Health System has created the first hand transplantation center on the West Coast — and only the fourth program of its kind in the United States.

The first successful hand transplant was performed in France in 1998, with the United States following the next year. Worldwide, approximately 50 patients have had the procedure, nine of them (including two double-hand transplant recipients) in the United States.

Life-saving solid-organ transplants have become increasingly common at major medical centers such as UCLA. But hand transplantation represents a new direction for the field — a so-called composite tissue transplant (bones, tendons, arteries, nerves) — to enhance quality of life. And to accomplish it requires a delicate balance.

“The hand is an amazing tool. It has the power to swing a sledgehammer, yet at the same time it has the precision to play a concert piano,” says Kodi Azari, M.D., associate professor in the UCLA Department of Orthopaedic Surgery and the Division of Plastic and Reconstructive Surgery and surgical director of the UCLA Hand Transplantation Program. “The precision is based on the balance between tendons on the back of the hand and the palm of the hand. These have to be absolutely perfectly balanced, and one of the critical elements in transplant surgery is reestablishing that balance.”

Dr. Azari, one of the lead surgeons on five of the successful hand transplants in the United States — including the first double-hand transplant and the first arm transplant — explains that when patients are born without

hands or lose a hand as a child, they are more easily able to adapt to the circumstances. But it is far more difficult for adults.

“Many patients who have lost one or both hands find that prosthetic devices are not enough to help them get back the life they had enjoyed previously because they lack the sense of touch of a human hand,” Dr. Azari says. “In these cases, hand transplantation can offer a unique opportunity to regain dynamic function and the feel of a real human hand.”

Both the preparation for the surgery and the procedure itself are complex, and require a large team. The UCLA Hand Transplantation Program involves a partnership between UCLA’s transplantation services and hand surgery, plastic and reconstructive surgery, orthopaedic surgery, psychiatry, pathology, anesthesia, internal medicine, radiology, neurology, ethics and rehabilitation services.

The procedure requires as many as 10 specialized surgeons collaborating for eight to 12 hours to fix the bones and repair the arteries, veins, nerves and tendons, as well as to repair the skin. This type of multiple-tissue transplant presents immunological challenges, Dr. Azari notes. As with solid-organ transplants, patients who undergo a limb transplant must take immunosuppressive medications to prevent rejection of the graft.

The other challenge is a functional one.

“You don’t see your liver or your kidney, but you see and use your hand every day,” Dr. Azari says. “With other transplants, we don’t have to worry about return of nerve function, but we do with this one. Patients need to go through an intensive rehabilitation regimen to restore function to the transplanted hand.”

“Many patients find that prosthetic devices are not enough to help them get back the life they had enjoyed previously because they lack the sense of touch of a human hand.”



In addition to helping civilian patients, the program will serve military personnel who have been injured in Iraq and Afghanistan — acting as a complement to UCLA’s Operation Mend program, which offers facial and reconstructive surgery to wounded soldiers.

“UCLA has been a leader in transplantation for the past quarter-century, and this is a natural extension of that leadership,” Dr. Azari says. “We are excited to bring this program to UCLA.”



For more information about the UCLA Hand Transplantation Program and to watch a video with Dr. Azari, go to:
<http://www.handtransplant.ucla.edu>

Community Health Programs

UCLA Health System offers community programs and events to help our neighbors lead healthier lives through wellness education and the prevention of illness and injury.

Aging / Senior Care

Legal and Financial Aspects of Death and Dying

THURSDAY, NOVEMBER 11 / 6:30 to 8:30 pm

Explore end-of-life matters and the practicalities of death and dying. This seminar will focus on how to plan financially for the future and will provide information about financial support and when legal help is needed.

WHERE: WISE & Healthy Aging, Third Floor, 1527 4th Street, Santa Monica

TO RSVP: (800) 516-5323

Fall Prevention

TUESDAY, NOVEMBER 16 / 2:30 to 4:00 pm

Learn about risk factors that cause falls and how to prevent them.

WHERE: Sunrise Assisted Living of Santa Monica, 1312 15th Street, Santa Monica

TO RSVP: (800) 516-5323

Allergies

Food Allergies: The Basics

WEDNESDAY, DECEMBER 8 / Noon to 1:30 pm

Melinda Braskett, M.D., UCLA allergist, will provide an introduction to the manifestations of food allergies and how to diagnose and treat them. An overview of the immune mechanisms that cause food allergies will be discussed.

WHERE: Fireside Room, First United Methodist Church, 1008 11th Street, Santa Monica

TO RSVP: (800) 516-5323

Alzheimer's Disease

Alzheimer's Disease Update

THURSDAY, NOVEMBER 18 / 1:30 to 3:00 pm

John Ringman, M.D., M.S., assistant director, Mary S. Easton Center for Alzheimer's Disease Research, will discuss the current research on Alzheimer's disease, including advances in treatment and diagnosis.

WHERE: Belmont Village, 10475 Wilshire Blvd., West Los Angeles

TO RSVP: (800) 516-5323

Cancer

Lung Cancer 2010: Advances in Treatment

TUESDAY, OCTOBER 12 / 7:00 to 9:00 pm

Fairooz Kabbinavar, M.D., UCLA professor, will discuss the treatment of lung cancer using more targeted approaches available in clinical practice as well as research trials.

WHERE: Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130

INFO: (310) 794-6644

The Art of Brachytherapy Radiation

TUESDAY, NOVEMBER 9 / 6:00 to 7:30 pm

Jeffrey Demanes, M.D., UCLA radiation oncologist, will discuss how precision radiation therapy through brachytherapy fights cancer.

WHERE: The Wellness Community, West Los Angeles, 2716 Ocean Park Blvd., Suite 1040, Santa Monica

TO RSVP: (800) 516-5323

Advanced Prostate Cancer Treatment

TUESDAY, NOVEMBER 9 / 7:00 to 9:00 pm

Matthew Rettig, M.D., associate professor of medicine and urology, medical director of the Prostate Cancer Program at the UCLA Institute of Urologic Oncology, will present an overview and update on the most promising new therapies for advanced prostate cancer.

WHERE: Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130

INFO: (310) 794-6644

Look Good, Feel Better

MONDAY, DECEMBER 6 / 10:00 am to Noon

This specially designed American Cancer Society program teaches how to use scarves, wigs and makeup to address the side effects of cancer treatments and regain confidence. (For cancer patients only.)

WHERE: 1821 Wilshire Blvd., Suite 200, Santa Monica

TO RSVP: (800) 227-2345



FIND MORE ONLINE

www.uclahealth.org/calendar

Update 2010: Lymphoma and Chronic Lymphoid Leukemia

TUESDAY, DECEMBER 14 / 7:00 to 9:00 pm

Lauren Pinter-Brown, M.D., UCLA clinical professor, will discuss the range and subtypes of lymphomas and chronic lymphoid leukemia, and how to differentiate them.

WHERE: Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130

INFO: (310) 794-6644

Cardiology

Knowing Your Heart

WEDNESDAY, OCTOBER 20 / 10:00 to 11:30 am

Edward Ha, M.D., UCLA hospitalist, will discuss medical therapy for coronary artery disease — the basic, life-preserving and life-extending medications that every patient needs to know.

WHERE: The Gardens of Santa Monica, 851 2nd Street, Santa Monica

TO RSVP: (800) 516-5323

Dementia

Does My Parent Have Dementia?

FRIDAY, NOVEMBER 19 / 11:00 am to 12:30 pm

Find out what dementia is, the subtle to not-so-subtle signs of dementia, the components to proper geriatric assessment and what family caregivers can do to help.

WHERE: Circle of Care Leeza's Place, 5000 Van Nuys Blvd., Suite 110, Sherman Oaks

TO RSVP: (800) 516-5323

Depression

Stimulate Your Brain

TUESDAY, NOVEMBER 9 / 2:00 to 3:30 pm

Ian Cook, M.D., UCLA psychiatrist, will talk about how Transcranial Magnetic Stimulation (TMS) is used to treat depression by stimulating specific parts of the brain with magnetic fields.

WHERE: Westside Family YMCA, 11311 La Grange Avenue, West Los Angeles

TO RSVP: (800) 516-5323



FEATURED EVENT

Dribble for the Cure

SUNDAY, NOVEMBER 7 / 8:30 am to Noon

UCLA Bruin Basketball presents the "Third Annual Dribble for the Cure," a fundraiser benefiting pediatric cancer research at Mattel Children's Hospital UCLA and the Pediatric Cancer Research Foundation. UCLA basketball coaches and players will lead participants through a dribble-tour of the campus. There will be games, music, prizes and activities for a day of family celebration and fun!

WHERE: UCLA Campus

INFO: www.dribblefortheure.com or call (800) 354-7273

Curing the Holiday Blues

WEDNESDAY, DECEMBER 1 / Noon to 1:30 pm

Andrew Leuchter, M.D., UCLA psychiatrist, will talk about holiday blues, practical strategies for coping with them and how to tell when they've turned into clinical, major depression.

WHERE: Martin Luther King, Jr. Auditorium, Santa Monica Public Library, 601 Santa Monica Blvd., Santa Monica

TO RSVP: (800) 516-5323

Diabetes

Diabetes Self-Management Program

TUESDAYS, OCTOBER 12

THROUGH NOVEMBER 9 / 10:00 am to Noon

This five-week, ADA-certified program, designed for people with Type 2 diabetes, will cover topics including the basics and beyond, controlling blood sugar, diet and exercise, medications, staying healthy with diabetes and managing blood sugar patterns. Physician referral, pre-registration and fees required.

WHERE: 1821 Wilshire Blvd., Suite 200, Santa Monica

TO RSVP: (310) 825-7922

Diabetic Diet

WEDNESDAY, NOVEMBER 10 / 7:00 to 8:00 pm

Pamela Lee, R.D., UCLA registered dietitian, will focus on how to control your diabetes, what to eat and when, meal planning, how to manage your weight and how to prevent blood sugar from becoming too high or too low.

WHERE: Santa Monica-UCLA Medical Center and Orthopaedic Hospital, 1225 15th Street, Room 723

TO RSVP: (800) 516-5323

Fibroids

Alternatives for Fibroid Treatment

THURSDAY, OCTOBER 21 / 2:00 to 3:30 pm

Steven Raman, M.D., UCLA diagnostic radiologist, will discuss the latest treatments for fibroids.

WHERE: Westside Family YMCA, 11311 La Grange Avenue, West Los Angeles

TO RSVP: (800) 516-5323

Hair Restoration

New Advances in Hair Restoration

WEDNESDAY, NOVEMBER 10 / 7:00 to 8:00 pm

Jeffrey Rawnsley, M.D., UCLA head and neck surgeon, will present a live demonstration of the latest techniques to re-create a natural hairline.

WHERE: 200 UCLA Medical Plaza, Suite 550

TO RSVP: (310) 570-0244

HIV

Women's Clinic for HIV

SATURDAY, NOVEMBER 13 /

10:00 am to 2:00 pm

The UCLA Clinical AIDS Research and Education (CARE) Center will be holding a Women's Clinic for women living with HIV. Parking is free and refreshments will be available.

INFO: (310) 557-2273

Insomnia

Get a Good Night's Sleep

WEDNESDAY, NOVEMBER 17 / 2:00 to 3:30 pm

Irene Kim, L.Ac., OM.D., will examine insomnia from a Traditional Chinese medicine perspective and focus on what you can do for yourself, including self-massage techniques, to get better sleep and more energy.

WHERE: Belmont Village, 10475 Wilshire Blvd., West Los Angeles

TO RSVP: (800) 516-5323

Pain Management

The Aging Spine

TUESDAY, DECEMBER 7 / 7:00 to 8:30 pm

UCLA orthopaedic surgeon Nick Shamie, M.D., will discuss new treatment options for back and neck pain.

WHERE: Fireside Room, First United Methodist Church, 1008 11th Street, Santa Monica

TO RSVP: (800) 516-5323

Peripheral Neuropathy

Peripheral Neuropathy

TUESDAY, NOVEMBER 9 / 5:45 to 6:45 pm

Bob Baravarian, D.P.M., will discuss peripheral neuropathy and treatment options for the foot and leg. Common causes of neuropathy, including injury, diabetes and chemotherapy, will be discussed.

WHERE: 2121 Wilshire Blvd., Suite 101, Santa Monica

TO RSVP: (310) 828-0011

Plastic Surgery

Facial Rejuvenation and Skin Care

THURSDAY, OCTOBER 21 / 6:00 to 7:00 pm

Reza Jarrahy, M.D., board-certified plastic surgeon and assistant professor in the Division of Plastic & Reconstructive Surgery at UCLA, will discuss the latest advances in minimally invasive and surgical techniques aimed at rejuvenating the aging face, including effective approaches to facial skin care.

WHERE: 200 UCLA Medical Plaza, Suite 465

TO RSVP: (310) 825-0065

Facial Rejuvenation

WEDNESDAY, NOVEMBER 10 / 6:00 to 7:00 pm

James P. Bradley, M.D., board-certified, professor of plastic surgery, will discuss the latest and safest advances in cosmetic surgery, invasive and non-invasive, to help you look your best with natural results.

WHERE: 200 UCLA Medical Plaza, Suite 465

TO RSVP: (800) 825-2752

Podiatry

Heel and Ankle Pain

TUESDAY, OCTOBER 12 / 5:45 to 6:45 pm

Gary Briskin, D.P.M., will discuss the common causes of ankle and heel pain, including plantar fasciitis, arthritis, tendonitis and tendon tears.

WHERE: 2121 Wilshire Blvd., Suite 101, Santa Monica

TO RSVP: (310) 828-0011

Bunion and Bunion Surgery**TUESDAY, DECEMBER 14 / 5:45 to 6:45 pm**

Gary Briskin, D.P.M., will discuss bunions and the latest surgical and non-surgical treatments for this common condition.

WHERE: 2121 Wilshire Blvd., Suite 101, Santa Monica
TO RSVP: (310) 828-0011

Polycystic Syndrome**Polycystic Ovarian Syndrome****WEDNESDAY, DECEMBER 8 / 7:00 to 8:00 pm**

Susan Davis, M.D., UCLA endocrinologist, will discuss symptoms, diagnosis and treatments for women with polycystic syndrome.

WHERE: Santa Monica-UCLA Medical Center and Orthopaedic Hospital, 1225 15th Street, Room 723
TO RSVP: (800) 516-5323

Vascular Disease**Peripheral Vascular Disease****FRIDAY, OCTOBER 29 / 10:00 to 11:30 am**

Christopher Loh, M.D., UCLA interventional radiologist, will review the evaluation and treatment of peripheral arterial leg circulation symptoms and treatment options.

WHERE: Sunrise Assisted Living of Playa Vista, 5555 Playa Vista Drive, Playa Vista
TO RSVP: (800) 516-5323

Vision Care**Advanced Laser Vision Correction****THURSDAY, OCTOBER 21 /**

6:30 to 7:30 pm – Kristina Kurbanyan, M.D.

THURSDAY, NOVEMBER 18 /

6:30 to 7:30 pm – Matthew Swanic, M.D.

UCLA ophthalmologists will discuss Expanded Custom LASIK and other new technologies to improve nearsightedness, farsightedness, presbyopia and astigmatism.

WHERE: RPB Auditorium, Jules Stein Eye Institute
TO RSVP: (310) 825-2737 or www.uclaser.com

Weight Loss**Weight-Loss Surgery****ONGOING / CALL FOR DATES AND TIMES**

Is weight-loss surgery right for you? Learn about the types of surgery available as well as outcomes and complications. Attendance is mandatory prior to being seen in the clinic.

INFO: www.bariatrics.ucla.edu or call (310) 825-7163

Wellness**Third Annual Aging and Technology Conference****FRIDAY, OCTOBER 29 / 8:00 am to 5:00 pm**

UCLA's Center on Aging will bring together academic, industry and scientific leaders to discuss how the latest technologies in the medical, consumer and lifestyle fields will help older adults live better, longer lives. Highlights include memory training, health monitoring through sensors, remote checkups, robotics, imaging, back pain management and nutrition.

WHERE: Skirball Cultural Center, 2701 N. Sepulveda Blvd., Los Angeles
INFO: (310) 794-0676 or www.aging.ucla.edu

"Freedom From Smoking" Program**TUESDAYS, NOVEMBER 9 / 4:00 to 6:00 pm**

UCLA offers an eight-week smoking-cessation program to help employees, family members and people in the community finally kick the habit. Cost: \$150.

WHERE: 200 UCLA Medical Plaza, Suite 206
INFO: (310) 825-0014 or lharning@mednet.ucla.edu

Understanding Bereavement**THURSDAY, NOVEMBER 18 / 6:30 to 8:30 pm**

This seminar will focus on how to transform end-of-life experiences, cope with the death of a family member, understand and manage the emotional process of grieving and find continued support.

WHERE: WISE & Healthy Aging, Third Floor, 1527 4th Street, Santa Monica
TO RSVP: (800) 516-5323

Vitamin D Deficiency**FRIDAY, DECEMBER 17 / 1:30 to 3:00 pm**

John S. Adams, M.D., UCLA endocrinologist, will discuss why so many people are Vitamin D deficient and how to diagnosis and effectively treat this condition.

WHERE: Santa Monica-UCLA Medical Center and Orthopaedic Hospital, 1225 15th Street, Cafeteria Conference Room B
TO RSVP: (800) 516-5323

Health Maintenance**TUESDAY, DECEMBER 21 / 2:30 to 4:00 pm**

Learn strategies to maintain your health and well being, including health screenings and other preventive measures to retain independence as we age.

WHERE: Sunrise Assisted Living of Santa Monica, 1312 15th Street, Santa Monica
TO RSVP: (800) 516-5323

Research and Trials

UCLA CONDUCTS RESEARCH for a wide range of medical disorders.

For more information about opportunities to participate in research and clinical trials regarding dental screening, irritable bowel syndrome, knee arthritis, obsessive compulsive disorder, senior depression and social anxiety disorder, please refer to our website.

**FIND MORE ONLINE**

www.uclahealth.org/calendar



FEATURED EVENT

Flu Shot Clinic**TUESDAY, OCTOBER 26 / 4:00 to 7:00 pm**

Anyone 18 years and older who is not allergic to eggs or suffering from a cold, fever or flu is eligible for a flu shot (combination vaccine). Free for UCLA Healthcare 50-Plus members presenting membership card and \$20 for nonmembers.

WHERE: Multipurpose Room, second floor, Santa Monica Public Library, 601 Santa Monica Blvd., Santa Monica
INFO: (800) 516-5323

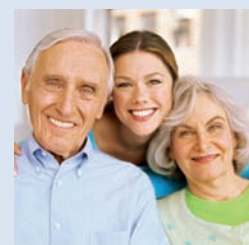


“These programs are a *terrific community addition*. Many thanks. The 50-Plus seminars are a wonderful resource for learning about conditions and meeting new doctors. Thank you for the opportunity to participate.”

— J.C., Santa Monica

50+ Healthcare

UCLA HEALTHCARE 50-PLUS IS A FREE PROGRAM offering educational lectures, a walking program, information on community and health resources, membership amenities and special events. Join now and receive *Your Guide to Educational, Cultural and Healthcare Resources at UCLA*. To sign up as a member, call (800) 516-5323.



50+ Diabetes Update

THURSDAY, OCTOBER 14 / Noon to 1:30 pm
Archana Bindra, M.D., UCLA endocrinologist, will discuss complications and medical treatments for Type 2 diabetes.

WHERE: Santa Monica Family YMCA,
1332 6th Street, Santa Monica
TO RSVP: (800) 516-5323

50+ Osteoporosis Update

TUESDAY, OCTOBER 19 / 2:30 to 4:00 pm
Learn about ways to reduce your risk of getting osteoporosis and the latest treatments.

WHERE: Sunrise Assisted Living of Santa Monica,
1312 15th Street, Santa Monica
TO RSVP: (800) 516-5323

50+ Memory Training Course

**WEDNESDAYS, OCTOBER 27 THROUGH
NOVEMBER 17 / 10:00 am to Noon**

Learn practical memory-enhancing techniques based on research by UCLA psychiatrist and memory expert Gary Small, M.D. For people with age-related memory concerns and not for those with any form of dementia. Cost: \$50 for four-week course.

WHERE: UCLA campus
INFO: (310) 794-0676

50+ Overactive Bladder

TUESDAY, NOVEMBER 2 / 11:30 am to 1:00 pm
Overactive bladder is a common condition that increases in prevalence with aging. Ja-Hong Kim, M.D., UCLA urologist, will discuss the symptoms, pathophysiology and latest treatment options.

WHERE: Santa Monica Family YMCA,
1332 6th Street, Santa Monica
TO RSVP: (800) 516-5323

50+ End-of-Life Decisions

THURSDAY, NOVEMBER 4 / 6:30 to 8:30 pm
James Davis, M.D., UCLA geriatrician, and Jeannie Meyer, R.N., UCLA clinical nurse specialist for palliative care, will present tips on how to begin conversations with family members about end-of-life decisions and advance planning.

WHERE: WISE & Healthy Aging, Third Floor,
1527 4th Street, Santa Monica
TO RSVP: (800) 516-5323

50+ Refractive Surgery Updates

MONDAY, NOVEMBER 15 / 11:00 am to 12:30 pm
D. Rex Hamilton, M.D., UCLA ophthalmologist, will discuss refractive surgery beyond LASIK and how to treat cataracts earlier to restore excellent distance, intermediate and near vision without glasses.

WHERE: Westwood Horizons,
947 Tiverton Avenue, Los Angeles
TO RSVP: (800) 516-5323

50+ Menopause

TUESDAY, NOVEMBER 16 / 7:00 to 8:30 pm
Lisa Nicholas, M.D., UCLA gynecologist, will provide an overview of the physiologic changes that occur in association with menopause — what women can anticipate, how they can manage this transition, how to stay healthy and maintain optimal health and some of the challenges that women face in making life-style decisions at this time.

WHERE: Fireside Room, First United Methodist Church,
1008 11th Street, Santa Monica
TO RSVP: (800) 516-5323

50+ Understanding Medicare

THURSDAY, DECEMBER 2 / 3:00 to 5:00 pm
Learn what Medicare does and does not cover, and how to fill in the gaps.

WHERE: Senior Recreation Center,
1450 Ocean Avenue, Santa Monica
TO RSVP: (800) 516-5323

50+ Dental Implants

FRIDAY, DECEMBER 3 / 10:00 to 11:30 am
Sue Spackman, D.D.S., UCLA faculty dentist, will discuss the types and uses of current implants, pros and cons of usage, indications in the aging population and costs/insurance issues.

WHERE: Belmont Village,
10475 Wilshire Blvd., West Los Angeles
TO RSVP: (800) 516-5323

50+ My Legs Hurt – Why?

THURSDAY, DECEMBER 9 / Noon to 1:30 pm
Cheryl Hoffman, M.D., UCLA interventional radiologist, will discuss the latest news on treatment options for varicose veins, deep vein thrombosis, peripheral artery disease and radiating nerve pain from your back.

WHERE: WISE & Healthy Aging, First Floor,
1527 4th Street, Santa Monica
TO RSVP: (800) 516-5323



FIND MORE ONLINE

www.uclahealth.org/calendar

405 Hilgard Ave.
Box 956923, Wilshire Center, Suite 1850
Los Angeles, CA 90095-6923



U.S. News & World Report's Best Hospital Survey ranks Ronald Reagan UCLA Medical Center as the No. 5 hospital in the country.



UCLA Medical Group ranks as one of California's top-performing physician organizations.



NONPROFIT
ORGANIZATION
U.S. POSTAGE

PAID

U C L A

Send Hope for the Holidays

The holidays may still be a few months away, but it's not too early to purchase cards from Mattel Children's Hospital UCLA. Nine new cards designed by young patients, a holiday Barbie card and one from celebrated wildlife photographer Howard Ruby send a message of hope and healing. Proceeds from the sale of the cards help support special programs for hospitalized children and their families, as well as help sustain crucial medical research.



Order online at:

www.uclahealth.org/holidaycards



Vital Signs

FALL 2010 | VOL. 48

MARKETING DIRECTOR

Pattie Cuen

MARKETING

COMMUNICATIONS MANAGER

Judi Goodfriend

EDITOR

David Greenwald

CALENDAR EDITOR

Tiffani Q. Mendinueto

CONTRIBUTORS

Kimberly Enard

Dan Gordon

MEDICAL EDITORS

James B. Atkinson, M.D.

Michael Herbst, M.D.

Robert Oye, M.D.

Thomas Strouse, M.D.

DESIGN

Sargent & Berman

Copyright © 2010 by UCLA Health System.
All rights reserved.

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



Volunteer to Make a Difference

UCLA Health System seeks frontline volunteers to staff the information desks, ambassador programs and surgical waiting areas. The mission of our world-class volunteer program is to enhance the patient experience and support our team of dedicated medical staff at our hospitals in Westwood and Santa Monica.

Volunteers must possess good customer-service skills, enjoy helping others and be able to represent the UCLA community. Some areas require basic computer skills. The commitment is just one four-hour shift per week. Mornings and afternoons are available. Early risers (7 a.m.) are also needed for our greeter program.



For more information, call (310) 267-8180, or go to:

www.uclahealth.org/volunteer



SUBSCRIBE TO VITAL SIGNS & HEALTH TIPS FOR PARENTS ELECTRONICALLY

www.uclahealth.org/enews