Early identification essential to treat postpartum depression

It’s easy to assume that the weeks after giving birth are joyous ones for the new mother, but many women experience emotional lows — often referred to as “the baby blues” — in the postpartum period, says UCLA psychiatrist Vivien K. Burt, MD, founder and co-director of the outpatient Women’s Life Center at UCLA.

And for 10-to-15 percent of women, what at first seems to be the blues evolves into a major episode of depression. Dr. Burt says that early identification and treatment of women with postpartum depression are essential to the well-being of both
New UCLA Health office opens in Century City mall

UCLA Health is expanding with a new primary care and urgent care office in Century City at the Westfield Century City mall. This office joins the UCLA Health network of more than 160 primary and specialty clinics in convenient locations throughout Los Angeles, Orange and Ventura counties, including our offices in the Conejo Valley, Orange County, San Fernando Valley, Santa Clarita Valley, San Gabriel Valley, Simi Valley, South Bay, Ventura and Westside.

Body donations advance health care

A donation to the UCLA Donated Body Program provides important benefits to advance health care, which include developing new medical procedures, training the next generations of physicians and surgeons and increasing the understanding of disease development. Donated bodies are treated with respect, and each year medical students celebrate the donors and their families with a Ceremony of Thanks. Cremated remains are scattered in the ocean, and there is no cost to families.

Connect with UCLA Health

UCLA Health Connect is a virtual community for patients and families to connect, share their experiences and improve UCLA Health through participation. Get started by browsing some of the patient stories, photos and videos featured on our website. Then share your own story. We’d love to hear from you. Connect. Share. Improve.

To learn more about UCLA Health Connect, go to: connect.uclahealth.org
Safe sleeping tips for baby’s first year

The numbers are enough to keep an exhausted parent up all night: Each year, approximately 3,500 babies in the United States die due to unsafe sleep situations. To help lower these numbers, the American Academy of Pediatrics (AAP) recommends the following guidelines.

Room with your baby.

Sharing a room — but not the same bed — with your baby for the first six-to-12 months decreases the risk of sudden infant death syndrome (SIDS) by as much as 50 percent. A baby should have a separate sleep area, such as a crib or bassinet, in the same room. Don’t fall asleep while holding the baby. “This is how accidental suffocation occurs,” says UCLA pediatrician Carlos Lerner, MD. “Couches are especially dangerous because infants can easily get wedged between the cushions.”

Follow the “back-to-sleep” rule.

When putting a baby down for a rest, always lay the child on his or her back — and never on the belly or side. Stomach sleepers have a higher risk of SIDS, perhaps from breathing in too much carbon dioxide from exhaled air that gets trapped between the mattress and face. Avoid side-sleeping wedges, as well. “These devices aren’t proven to be safe and may pose a suffocation risk,” Dr. Lerner says.

Place your baby on a firm, clutter-free mattress.

It’s tempting to decorate a little one’s crib, but soft bedding, crib bumpers, blankets, pillows and stuffed toys all pose suffocation risks. “Use a firm mattress that doesn’t indent when your baby’s head lies on it, and cover the mattress with a tightly fitted sheet,” Dr. Lerner says. Because overheating also increases SIDS risk, avoid blankets. “Your baby should wear just one more layer than you would need to wear in order to feel comfortable in the room,” he says.

Offer breast milk and pacifiers.

Research shows that breastfed babies are less likely to die from SIDS. “We don’t fully understand this protective effect,” Dr. Lerner says. The AAP recommends breastfeeding for the first six months and preferably for 12 months or longer, if possible. Once breastfeeding is going well, offer a baby a pacifier. “SIDS risk is lower in babies who use pacifiers, although again, we’re not entirely sure why,” Dr. Lerner says. To avoid choking and suffocation, never hang a pacifier on a string around a baby’s neck or attach it to a child’s clothing, a blanket or stuffed toy. It’s OK if your baby won’t take a pacifier. “Not all babies like them,” Dr. Lerner says.
Roughly every 40 seconds, someone in the United States has a stroke, and almost every four minutes one of those people will die as a result, making stroke a major cause of death and disability.

Quick response at the first signs of a stroke is key to limiting the harm. “There is still a lack of sufficient awareness in the community about the importance of time with regard to recognition and to seeking emergency treatment for stroke,” says May Nour, MD, PhD, a UCLA interventional neurologist. “For every minute that passes with lack of blood flow as the result of blockage of a large blood vessel in the brain, 2-million neurons die.”

Most strokes are ischemic, meaning that a clot has blocked blood flow and oxygen to the brain. About 20 percent of strokes are hemorrhagic; they are caused by the rupture of a blood vessel. Stroke symptoms can include weakness or numbness on one side of the body, vertigo, nausea, difficulty understanding or speaking, and impaired coordination. In the face of a possible stroke, Dr. Nour urges people to remember the acronym FAST: Face drooping, Arm weakness, Speech difficulty and Time to call 911.

People who seek treatment as soon as stroke symptoms appear have much to gain, says Doojin Kim, MD, a UCLA neurologist and director of the UCLA Stroke Program in Santa Monica. A medication called tissue plasminogen activator (tPA) has been shown to be effective when administered within four-and-a-half hours from symptom onset, which highlights the importance of seeking treatment immediately.

People who have a clot lodged in a large blood vessel that is not responsive to tPA may also be candidates for a minimally invasive procedure to remove the clot called a thrombectomy.

“Studies have shown that by getting these treatments promptly, the patient has a greater chance of recovering without disability,” Dr. Kim says. UCLA Medical Center, Santa Monica, a primary stroke center, and Ronald Reagan UCLA Medical Center, a comprehensive stroke center, offer the highest levels of stroke care and can receive the most severely impacted stroke patients brought in by paramedics.

To view a video about stroke care, go to: uclahealth.org/strokecare
Mobile Stroke Unit provides fast evaluation and treatment

UCLA Health has launched the first mobile stroke unit on the West Coast, enabling rapid delivery of brain-saving medications to stroke patients who might otherwise face debilitating delays in treatment. The Mobile Stroke Unit (MSU) ambulance brings the hospital to the patient by including a mobile computed tomography (CT) scanner, laboratory testing equipment, telemedicine connection with a hospital, and appropriate medication and assessment tools.

The unit is staffed with a specialty stroke team, including a neurologist specializing in stroke treatment, to diagnose the type of stroke and initiate appropriate treatment. That can include clot-busting medications for ischemic strokes or bleeding-reversal agents for hemorrhagic strokes. The patient is then transported to the nearest stroke center. The goal, says May Nour, MD, PhD, interventional neurologist and medical director of the UCLA Arline and Henry Gluck Stroke Rescue Program, is to reach patients within the “golden hour” — 60 minutes from symptom onset. “This ultrafast treatment initiation is expected to help improve patients’ clinical outcomes,” Dr. Nour says. “The process also ensures that we triage the patient to the medical center most equipped to treat their level of medical/neurological complexity.”

“It’s an important evolution in the future of stroke care and a great advance to even further reduce deaths and disability related to stroke,” says Jeffrey Saver, MD, director of the UCLA Comprehensive Stroke Center. “There’s a saying: Time lost is brain lost.”

The program will be part of a national study and during the demonstration phase will respond to 911 calls in Santa Monica, Lakewood, Cerritos and Long Beach, with a plan for future expansion of geographic coverage.
Many people who identify as transgender or gender diverse have had negative experiences in health care settings as a consequence of either ignorance or outright discrimination, says a UCLA internal medicine/pediatrics physician who specializes in gender health. As a result, notes Amy K. Weimer, MD, these individuals may not seek the care they need, both for transition-related issues and for their general health. This puts them at greater risk for both physical problems and poor mental health outcomes, including untreated depression and suicide.

“For many transgender individuals, interactions with the medical community have not been positive. When they do seek care, they often run into providers who don’t have a lot of knowledge about transgender issues, and in some cases there has been a refusal to care for these patients.”

Dr. Weimer is director of the UCLA Gender Health Program in Santa Monica, which was established in 2016. The program was created to provide a knowledgeable, sensitive and caring environment where adults, adolescents and children who are transgender or gender diverse can receive primary care and chronic disease management, as well as care that is specific to their gender or gender-transition issues.

Transgender is a term generally used to refer to people whose gender identity is different from the sex they were assigned at birth; in addition, Dr. Weimer notes, a growing number of people don’t identify as either...
strictly male or strictly female, adopting terms such as gender nonbinary, gender queer or gender fluid. "To some people, transgender implies a strict jumping from one end of the binary to the other, but gender-diverse is a broader term that recognizes that there are people who identify outside of this binary. This leads to a lot of variation in how people want to change their bodies to align with their gender identities," Dr. Weimer explains. The UCLA Gender Health Program provides comprehensive primary care services — including vaccinations, health risk assessments, disease screenings, nutrition counseling and chronic disease management — as well as health services specific to the needs of transgender patients. These include hormone management; sexual health services, including reproductive and fertility counseling; counseling on gender-transition issues, whether it’s specific treatment needs or issues such as depression or anxiety; and gender-affirming surgeries and procedures that modify the body to align more closely with the patient’s gender identity. The center’s physicians coordinate care with a network of UCLA Health surgeons, obstetrician/gynecologists, endocrinologists and behavioral health professionals.

Beyond the expertise of the program’s health care providers and network of specialists in both general health and gender health issues, the entire team, including office staff, is trained on an ongoing basis to ensure that they are fostering a respectful environment — including calling patients by their preferred names and confirming the pronouns they want to use. “We started this program because we heard feedback from transgender patients and family members that it would be nice for them to have a health care environment where they felt comfortable,” Dr. Weimer says. “We want to earn our patients’ trust, as well as educate providers about transgender and gender-diversity issues to remove the mystery so everyone can focus on providing the best individualized care for each patient.”

For more information about the UCLA Gender Health Program, go to: uclahealth.org/gender-health

Continued from cover

Early identification essential to treat postpartum depression

mother and child.

“Postpartum can be a highly vulnerable period when women experience frequent mood swings and are emotionally hypersensitive,” Dr. Burt says. “It’s important for people in the woman’s life to offer support and reassurance. In most cases, postpartum blues resolves within two weeks or less. But postpartum depression is something different. New mothers with postpartum depression may experience a great deal of anxiety, become agitated, worry excessively and have trouble bonding with the baby. Unlike the blues, postpartum depression lasts many months, and this condition requires and responds to active treatment.”

Given the importance of intervening quickly to assist women experiencing postpartum depression, it is important for obstetrician/gynecologists to closely assess the mental health of their pregnant and postpartum patients, notes UCLA OB/GYN Rashmi Rao, MD, who specializes in maternal-fetal medicine. “Unfortunately, more than half of women experiencing postpartum depression will go undiagnosed, so at UCLA it is our goal to screen our patients at every visit,” Dr. Rao says.

Dr. Rao explains that the dramatic changes occurring over a relatively short period of time make women particularly susceptible to depression both during pregnancy and in the first several weeks after the delivery. “She has immense physiologic changes, and then abrupt changes in hormone levels right after delivery. On top of all of that, she suddenly has an infant who is completely dependent on her and requires attention at least every two hours, which makes for very little sleep,” Dr. Rao says.

Depressive symptoms can show themselves at any time prior to delivery, Dr. Rao notes, so it is important for OB/GYNs and their patients to be alert to any warning signs. In addition, they should be aware of other factors that increase a woman’s depression risk, such as a family or personal history of depression, stressful or traumatic life events, poor social or partner support and low self-esteem. “This is a time when women are in regular contact with us and are motivated because they know they have a baby to care for,” Dr. Rao says. “We have a unique opportunity to identify when something is wrong and make sure it’s not ignored.”

Treatment for postpartum depression usually includes medication, along with psychotherapy to help the woman develop coping skills. “Often, postpartum depression is dismissed as the blues by well-meaning family members,” Dr. Rao says. “Many new mothers feel guilty — they believe that they should be delighted at this time in their lives, and they are ashamed that they are so exhausted, anxious and depressed that they are unable to connect with their babies and other children at home. The shame and stigma so often associated with postpartum depression frequently prevents women from getting the help they need. The reality is that postpartum depression is not a rare condition, and when appropriately treated patients can recover and move forward to be healthy, wonderful, fully functioning and productive mothers.”

To view a video about postpartum depression, go to: uclahealth.org/postpartum
As a growing number of states legalize marijuana for medicinal purposes — or, as in the case of California, for recreational use — there is increasing interest in the drug’s health effects and potential value in bringing relief for certain ailments. The U.S. Food and Drug Administration (FDA) has approved three cannabinoids (the biologically active components in marijuana), but many questions remain as to the benefits of cannabis for certain health problems, as well as its potential risks. Thomas B. Strouse, MD, medical director of the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA and the Maddie Katz Professor of Palliative Care Research and Education, talks about what is known and what remains to be determined.

For what conditions do we know cannabinoids are effective?

The FDA approves pharmaceutically processed cannabinoids for the treatment of chemotherapy-induced nausea and vomiting, and evidence shows that they are effective for that, although there are not studies to suggest that they are superior to other antiemetic drugs. Some evidence, though not strong, indicates that they may help to treat cachexia, also known as wasting — the loss of lean body mass associated with advanced illness like AIDS or cancer. Studies also indicate that plant-derived cannabinoids can help to reduce pain, particularly nerve pain, and that they may have a role in cases of treatment-resistant pediatric epilepsy. For everything else you hear about — such as insomnia, anxiety, multiple sclerosis and neurodegenerative diseases, to name a few — the evidence comes from anecdotes, small case series and generally is not based on high-quality studies.

Is that because it’s been studied and not shown beneficial for these conditions, or is it that it just hasn’t been well studied?

I would say the latter — mostly it’s just understudied. It has been very difficult to perform high-quality cannabis studies in the U.S. regulatory situation — remember that cannabis is still classified by the U.S. Drug Enforcement Agency (DEA) as a Schedule I substance, which means the DEA considers it to be without valid medical use and highly addictive or dangerous.
Beyond investigating potential benefits for certain conditions, what other issues need further study?

There are many. For one thing, most people who use cannabinoids get them not in the pharmaceutical preparations but in whole-leaf form at a dispensary, where there is very little, if any, mandatory quality or safety control. Whole-leaf cannabis has 400-to-500 compounds, and we know almost nothing about most of them. We also need to learn much more about basic safety issues around chronic use.

Is it correct to say that anecdotal reports about the benefits of cannabis to alleviate certain conditions would not be sufficient, from a doctor’s point of view, to demonstrate efficacy?

It is a risk-benefit analysis. If you’re a young person whose brain is still developing, it seems pretty clear that the risks of regular and/or heavy marijuana use, whether recreationally or to treat a symptom, probably outweigh the benefits. It’s a very different analysis if you’re a 70-year-old with Alzheimer’s disease or late-stage cancer.

What are some of the potential negative health effects?

Any rational discussion of this topic has to acknowledge the well understood risks to the developing brains of young people who use marijuana regularly before their mid-20s. This includes potential effects on memory and cognition, decreased motivation and the potential for hastening or worsening of a psychotic disorder for individuals who may be prone to developing one. From the late-teens to the mid-20s is the peak period for the onset of schizophrenia and bipolar disorder, also known as manic-depressive illness. For older people, that is less of a concern since if they haven’t developed these illnesses by the time they reach older age, they’re much less likely to.

In light of the current crisis with opioid addiction, is there any potential benefit to cannabinoids as a substitute for people who are seeking pain relief?

The short answer is probably yes. A recent study found that opioid-overdose deaths went down by about 25 percent over time in states after marijuana legalization. We can’t say for sure, but it could be that people were substituting marijuana for the purpose of getting pain relief or taking lower doses of opioids, or perhaps using recreational marijuana instead of recreational opioids — likely a much safer activity. What we do know is that an opioid overdose can cause people to stop breathing and die; it’s often said that nobody ever died of a cannabis overdose, and that’s probably a true statement in the sense that cannabis does not depress respiration the way opioids can. Many people will say cannabis is not addictive. But if by addiction we mean the development of the loss of control over how one uses a substance, the development of a range of negative life consequences, continued use of the substance despite negative life consequences and the development of physical tolerance, craving and withdrawal symptoms when you stop using, cannabis does in fact meet that description.

What other myths do you commonly encounter on this topic?

There are myths on both sides of this issue. You still have those who say that only “bad” people use marijuana, regardless of what the purpose is for which they’re using it, and on the other extreme, you have people who think it’s good for whatever ails you. I come at this from two different perspectives. As the medical director of a psychiatric hospital, I see young people almost daily who are admitted with what seems to be cannabis-associated psychosis, and their ultimate trajectory will have a lot to do with how successful they are at avoiding resuming cannabis once they leave us. As a palliative care physician, I see patients with severe medical illnesses who often receive inadequate control of their symptoms from conventional treatments, and where cannabinoids may confer added relief. Those are very different discussions.

For information about the new UCLA Cannabis Research Initiative, go to: uclahealth.org/cannabis

Thomas B. Strouse, MD
Five years ago, the U.S. Food and Drug Administration approved a medication to help people at high risk for HIV, the virus that causes AIDS, avoid infection. The drug, emtricitabine/tenofovir, is now a popular prevention strategy among some groups of people, such as gay men. But more high-risk people could benefit from the medication regimen, called pre-exposure prophylaxis, or HIV PrEP, say UCLA physicians who have studied HIV-prevention strategies.

“HIV PrEP is a really powerful prevention-based strategy. The growth and interest in using this drug has been exponential since about 2014,” says Raphael J. Landovitz, MD, co-director of the Center for Clinical AIDS Research & Education at the David Geffen School of Medicine at UCLA. “What is less clear is if we’re getting access and education about it to the most at-risk populations.”

New HIV infections have declined in the U.S. over the past 15 years. “That probably reflects early diagnosis and treatment as well as increased use of PrEP,” Dr. Landovitz says. “But the sobering data from the Centers for Disease Control and Prevention shows that it’s young, gay men of color — black and Latino men — who still have alarming increases of new HIV diagnoses.”

Moreover, the overall rates of other sexually transmitted diseases, such as chlamydia and gonorrhea, are rising. “That tells us some people are not using protection,” says Benjamin Ordaz, MD, a UCLA family medicine physician in Santa Monica. “When you get infected with chlamydia or gonorrhea, you have a much higher risk of being infected with HIV.”

Emtricitabine/tenofovir lowers the risk of getting HIV from sex by more than 90 percent and from injection drug use by approximately 49 percent, according to studies. But the pill must be taken daily to be most effective. Dr. Landovitz is the lead investigator of a study of a longer acting form of PrEP, a medication injected into a patient’s gluteal muscle every eight weeks. “UCLA is part of the global effort to develop the next generation of PrEP drugs,” he says. “We’re excited to be working with the National Institutes of Health and the HIV Prevention Trials Network on this.”

Reaching all high-risk individuals with information on various prevention strategies is critical, Dr. Ordaz adds. For example, PrEP is commonly thought of as a prevention strategy for gay men. However, he notes, “this product is for everyone who is at higher risk than usual: people who use IV drugs or who have multiple sexual partners or who engage in risky sexual behavior.” He encourages anyone who has questions about his or her risk factors to speak with a physician.

With more options and outreach, HIV infection rates can continue to fall. “In the past five-to-seven years, early HIV treatment has reduced the number of infection transmissions,” Dr. Landovitz says. “Then you add PrEP and test people at risk early — even if there are no symptoms — and this all adds up to interrupting the cycle of infection.”
The most common site for arthritis in the foot is the base of the big toe. It affects nearly half of patients over the age of 70, but can start in early adulthood. “This can become very painful, limiting the patient’s ability to participate in physical activities,” says UCLA orthopaedic surgeon Joan R. Williams, MD, who specializes in foot and ankle injuries.

Patients with so-called great toe arthritis typically present with stiffness and pain, and in some cases with a bump at the site. The condition involves the gradual loss of cartilage around the joint at the base of the big toe, causing swelling and reduced function.

Surgical approaches to treating great toe arthritis typically involve fusing the joint responsible for the pain. While effective in addressing the discomfort, that treatment has a major drawback, Dr. Williams notes. “It’s not ideal for patients who want to retain motion in their great toe, which is necessary for activities like running and jumping.”

Toe-joint replacement procedures also have had problems. When the replacement fails, there tends to be substantial bone loss. Attempting fusion at that point results in poorer outcomes and higher complications than fusion without the replacement, Dr. Williams explains. Nonsurgical treatments include orthotics and anti-inflammatory drugs.

For patients who have tried other procedures without success, Dr. Williams now is employing a newer approach to address the condition: a first-of-its-kind synthetic-cartilage implant. The FDA approved the implant in 2016, and Dr. Williams says it has been shown to be effective in relieving pain while retaining motion for patients who suffer from the debilitating condition.

The implant is a polymer device that is designed to have similar properties as joint cartilage. When inserted into joints, it resurfaces the metatarsal head. “This has an excellent survival rate at five years, which is the longest outcome study we have at this point,” Dr. Williams says. “It has been very effective in relieving pain while retaining motion for patients.”

Dr. Williams notes that patients with large cartilage lesions often are not candidates, nor are patients with gout. “Fusion still is an option for patients who can’t benefit from the implant, or for those who aren’t that active and don’t need to retain motion in their toe for their quality of life,” she says. “But having this additional option is a major advance, particularly since we want our older patients to be able to stay active for as long as possible.”
Community Health Programs

JANUARY, FEBRUARY, MARCH 2018 COMMUNITY HEALTH PROGRAMS

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

FEATED EVENT

ADOLESCENT AND YOUNG ADULT WELLNESS CARE

Brian Prestwich, MD, UCLA family medicine physician, will explore a family-centered approach to caring for youth ages 12 to 24.

When: Tuesday, Feb 6 / 6 – 7:30 pm
Where: Collins & Katz Family YMCA, 1466 S Westgate Ave
RSVP: (800) 516-5323

AGING

Medication Management for Seniors

Melissa Dinolfo, board-certified oncology pharmacist, will provide practical guidelines on how to manage daily medications and understand potential multiple drug interactions.

When: Thursday, Jan 18 / 1 – 2:30 pm
Where: Founders Hall, Calabasas Library, 200 Civic Ctr Way
RSVP: (818) 880-6461

Reflections on Reflux

Rinna Shaposhnikov, MD, UCLA gastroenterologist, will address key concerns, causes, symptoms and treatment about reflux.

When: Wednesday, Jan 31 / 1 – 2:30 pm
Where: Founders Hall, Calabasas Library, 200 Civic Ctr Way
RSVP: (818) 880-6461

Steps to a Healthier Heart

Ramin Assadi, MD, UCLA cardiologist, will discuss heart disease and what specific lifestyle changes you can make to lower your cholesterol, blood pressure and risk for heart disease.

When: Wednesday, Feb 21 / 1 – 2 pm
Where: Joslyn Adult Ctr, 1301 W Olive Av, Burbank
RSVP: (818) 238-5353

ASTHMA

Asthma Update

May Lin Wilgus, MD, UCLA pulmonologist, will give an overview of asthma symptoms, diagnosis and treatment and will discuss new and emerging therapies for asthma.

When: Monday, Feb 26 / 6:30 – 8 pm
Where: Camarillo Health Care District, 3639 E Las Posas Rd
RSVP: (800) 516-5323

CARDIOVASCULAR HEALTH

Leukemia Treatment in 2018

Sarah M. Larson, MD, UCLA oncologist, will discuss the different types of leukemia, standard treatment approaches and expanding novel therapeutics.

When: Tuesday, Jan 9 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
Info: (310) 794-6644

Reducing Risk of Gynecologic Cancers

Nisha Bansal, MD, UCLA gynecologic oncologist, will focus on risk factors for ovarian, uterine and cervical cancers and discuss strategies for reducing your risk of developing these cancers.

When: Tuesday, Jan 30 / Noon – 1:30 pm
Where: Santa Monica Family YMCA, 1332 6th St
RSVP: (800) 516-5323

CANCER

Cancer and Aging

Patricia Ganz, MD, UCLA medical oncologist, will discuss how cancer treatments may cause symptoms commonly associated with aging and provide tips on how to counteract the potential effects of treatment-associated accelerated aging.

When: Tuesday, Feb 13 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
Info: (310) 794-6644

Stress and Cancer

Steven Cole, PhD, UCLA professor of medicine and psychiatry and biobehavioral sciences, will discuss how stress affects cancer and provide strategies on how to protect the health and well-being of cancer patients.

When: Tuesday, Mar 13 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
Info: (310) 794-6644

SUPPORT GROUPS

UCLA Health and its community partners offer a number of support groups, available in person and by telephone, designed to support and inform patients, families and caregivers coping with a variety of diagnoses.

For more information, visit: uclahealth.org/support-groups
CONSTITUTION

Constipation Update
Learn ways to prevent and treat constipation.
When: Tuesday, Mar 13 / 3:30 – 5 pm
Where: Belmont Village – Woodstock, 10475 Wilshire Bl
RSVP: (800) 516-5323

DIABETES

Manage Gestational Diabetes
This ADA-certified self-care class will help you successfully manage your gestational diabetes. A physician referral is required. Covered by most medical insurance policies.
When: Thursdays / 9 – 10:30 am
Where: 1245 16th St, Ste 307, Santa Monica
Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

Living with Type 2 Diabetes
This ADA-certified self-care class will help you gain important skills, knowledge and confidence to successfully manage your diabetes. A physician referral is required. Covered by most medical insurance policies.
Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

DIABETES (CONTINUED)

Basic Nutrition for Type 2 Diabetes
This ADA-certified class consists of a two-hour session that will teach you how different foods affect your blood sugar and how to plan healthy meals. A physician referral is required. Covered by most medical insurance policies.
Santa Monica
When: Jan 9, Feb 2 & Mar 6 / 9 – 11 am
Where: 1245 16th St, Ste 307

Thousand Oaks
When: Tuesday, Feb 13 / 3:30– 5:00 pm
Where: 100 Moody Ct, Ste 200
Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

Healthy Living with Diabetes
This half-day event includes a product fair, presentations on diabetes topics and breakout sessions for type 1 and type 2 diabetes.
When: Saturday Mar 3 / 8 am to 12:30 pm
Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Rm
Info & RSVP: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

Cost: Free to participants and free parking

Preventing Type 2 Diabetes
Susan Ahern, MD, UCLA endocrinologist, will discuss evidence-based strategies to reduce the risk of developing type 2 diabetes.
When: Tuesday, Mar 13 / 6:30 – 8 pm
Where: Camarillo Health Care District, 3639 E Las Posas Rd
RSVP: (800) 516-5323

KIDNEY DISEASE

Kidney Smart Classes
This two-hour class provides information on kidney function, kidney disease and managing a diet that promotes healthy kidneys.
When: Thursdays, Jan 11 & 25, Feb 8, Mar 15 & 29; Tuesday, Feb 27 / 2 – 4 pm
Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr
Info & RSVP: (888) 695-4363 or kidneysmart.org

Diabetic Kidney Disease
Ramy Hanna, MD, UCLA nephrologist, will discuss early signs of diabetic kidney disease and prevention, detection and management of diabetes.
When: Wednesday, Feb 21 / 6:30 – 8 pm
Where: Torrance-South Bay Family YMCA, 2900 W Sepulveda Bl
RSVP: (800) 516-5323

Events in gold are offered near our UCLA community offices.
MULTIPLE SCLEROSIS (MS)

REACH to Achieve Program (Ongoing)
This weekly wellness program includes fitness, memory, emotional well-being, recreation, nutrition and health education for those with MS.
Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av
Info & Application: (310) 267-4071

Beyond Diagnosis
An evening program for those newly diagnosed with MS. Join MS professionals to discuss MS and wellness practices to improve life with MS.
Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av
Info & Application: (760) 448-8407

PLASTIC SURGERY

Facial Rejuvenation
Jason Roostaeian, MD, UCLA plastic surgeon, will discuss the latest treatments for facial rejuvenation, including both surgical (facelift, brow lift) and nonsurgical (botox, fillers, etc.) treatments.
When: Thursday, Feb 8 / 6 – 7:30 pm
Where: 200 UCLA Medical Plaza, Ste 206
RSVP: plasticsurgery@mednet.ucla.edu

Nonsurgical Facial Rejuvenation
Andrew Vardanian, MD, UCLA plastic surgeon, will discuss the latest nonsurgical treatments (botox, fillers, lasers, etc.) that can be used to reduce the visible signs of aging.
Santa Monica
When: Thursday, Feb 22 / 6 – 7:30 pm
Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium Rm G340
Westwood
When: Thursday, Mar 15 / 6 – 7:30 pm
Where: 200 UCLA Medical Plaza, Ste 206
RSVP: plasticsurgery@mednet.ucla.edu

Rhinoplasty
Jason Roostaeian, MD, UCLA plastic surgeon, will discuss how rhinoplasty procedures can improve nasal airflow and the facial appearance.
When: Thursday, Mar 22 / 7 – 7:30 pm
Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium Rm G340
RSVP: plasticsurgery@mednet.ucla.edu

RADIATION THERAPY

Precision-Oriented Radiation Therapy
Steve Lee, MD, UCLA radiation oncologist, will discuss radiation therapy for cancer control and quality of life for patients.
When: Friday, Mar 16 / Noon – 1:30 pm
Where: Cancer Support Community – Benjynt Ctr, 1900 S Bundy Dr, Ste 100
RSVP: (800) 516-5323

FEATURING EVENT
ADVANCING BIOTECHNOLOGY
FOR ETHICS AND POLICY
Come reimagine the power of 21st century nursing and join us as we reflect on our personal and collective commitments, and strategize about how to create a positive future for nursing and the communities we serve.
When: Mar 7 – 9
Where: UCLA Luskin Conference Ctr, 425 Westwood Plaza
Info: ethicsofcaring.org

THYROID DISEASE

Thyroid Nodules and Thyroid Cancer
Angela Leung, MD, UCLA endocrinologist, and Masha Livhits, MD, UCLA thyroid surgeon, will discuss the development and treatment of thyroid nodules and thyroid cancer.
When: Wednesday, Mar 14 / 2 – 3:30 pm
Where: Collins & Katz Family YMCA, 1466 S Westgate Av
RSVP: (800) 516-5323

TREMORS

How to Shake the Shakes
UCLA movement-disorders specialists will discuss treatment options to cope with tremors, including medicines, surgery (deep-brain stimulation) and noninvasive therapies.
When: Sunday, Feb 25 / 9 am – Noon (9 am registration, 9:30 am – Noon lectures and Q&A)
Where: Elks Lodge, 150 N Kellogg Av, Santa Barbara
RSVP: (310) 571-5741 or ucla.tremor@gmail.com

WELLNESS

Managing Stress and Staying Healthy for Life
Mufaddal Dahodwala, MD, UCLA internal medicine, will discuss ways to manage stress and stay healthy for life.
When: Wednesday, Feb 21 / 1 – 2 pm
Where: Santa Clarita Valley Senior Center, 22900 Market St
RSVP: (661) 259-9444

TRENDY

Explore the Mind
The UCLA Longevity Center and the Lifespan Learning Institute present the annual Interpersonal Neurobiology Conference on the nature of relationships and the health-promoting power of connection across the lifespan.
19.5 CE credits offered.
When: Mar 16 – 18 / 8:30 am – 6 pm
Where: UCLA Ackerman Grand Ballroom, 308 Westwood Plaza
Register: (310) 474-2505

RESEARCH AND TRIALS
UCLA conducts research on a wide range of medical disorders. Go online to learn more information about opportunities to participate in research and clinical trials: uclahealth.org/clinical-trials

UCLAHEALTH.ORG 1-800-UCLA-MD1 (1-800-825-2631)
UCLA Health 50 Plus is launching an e-newsletter that will include information on health topics, a doctor-written column on specific health issues, a calendar highlighting upcoming community events and more.

It begins with U: What topics would you like to see in the newsletter? To provide suggestions or subscribe, email fiftyplus@mednet.ucla.edu

**WEBINARS ON DEMAND** If you missed one of our UCLA MDChat Webinars, visit our Webinars on Demand library to view programs led by UCLA physicians. For more information, visit: uclahealth.org/uclamdchat

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**Brain Boot Camp**
(Ongoing)

Learn about common thyroid disorders, including symptoms, diagnosis and treatments.

**When:** Tuesday, Feb 13 / 3:30 – 5 pm

**Where:** Belmont Village Westwood, 10475 Wilshire Bl

**RSVP:** (800) 516-5323

**Healthy Eating: Made Easy**
(In Spanish)

Improve your overall well-being with this workshop on balance, nutrition and lifestyle changes to prevent chronic disease development or progression.

**When:** Monday, Jan 29 / 6 – 7:30 pm

**Where:** Pico Branch Library, 2201 Pico Bl, Santa Monica

**RSVP:** (800) 516-5323

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**Memory Training Course**
(Quarterly)

Learn practical memory-enhancing techniques in a course designed for people with mild memory concerns (not dementia).

**When:** Two hours per week, once a week. Call for next session dates

**Where:** Locations vary

**Info & Cost:** (310) 794-0680 or sgoldfarb@mednet.ucla.edu

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**Senior Scholars**
The UCLA Longevity Center invites adults 50 years of age or older to audit undergraduate courses taught by UCLA’s distinguished professors.

**When:** Spring-session classes begin April 2. Application deadline: Feb 2

**Where:** Locations vary by UCLA campus

**Info:** www.semel.ucla.edu/longevity/srscholars or srscholars@mednet.ucla.edu or (310) 794-0679

**Cost:** $150 per course

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**Tech Help for U**

UCLA undergraduate students offer free one-on-one coaching (30-to-45 minute sessions) to UCLA Health 50-Plus members about electronic devices. Bring your fully charged smartphone, tablet, laptop or e-reader to have your questions answered.

**When:** Saturdays, Feb 3 & 24 / 9 am to Noon

**Where:** UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Rm 3

**RSVP:** (800) 516-5323

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**Healthy Aging**

Stewart Reed, MD, UCLA internist, will discuss strategies to improve quality of life and focus on lifestyle changes that can prevent or improve health conditions.

**When:** Tuesday, Feb 6 / 1:30 – 3 pm

**Where:** Pico Branch Library, 2201 Pico Bl, Santa Monica

**RSVP:** (800) 516-5323

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**Exercise as We Age**

Learn about the benefits of physical activity throughout life and what should be included in an exercise program for older adults.

**When:** Tuesday, Jan 23 / 2 – 3:30 pm

**Where:** Belmont Village Westwood, 10475 Wilshire Bl

**RSVP:** (800) 516-5323

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**Health Maintenance and Screenings for Older Adults**

Gabriela Sauder, MD, UCLA geriatrician, will discuss appropriate cancer-screening tests, healthy lifestyle counseling, geriatric health issues, immunizations, preventive medications and vitamins for older adults.

**When:** Monday, Feb 12 / 2 – 3:30 pm

**Where:** Sunrise of Westlake Village, 3011 Townsgate Rd

**RSVP:** (800) 516-5323

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**Thyroid Disorders**

Learn about common thyroid disorders, including symptoms, diagnosis and treatments.

**When:** Tuesday, Feb 13 / 3:30 – 5 pm

**Where:** Belmont Village Westwood, 10475 Wilshire Bl

**RSVP:** (800) 516-5323

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**Shortness of Breath in Older Adults**
(In Russian)

Boris Arbit, MD, UCLA cardiologist, will discuss how age and changes in heart physiology can cause shortness of breath in older adults and how to reverse the possible symptoms.

**When:** Wednesday, Feb 21 / 1 – 2:30 pm

**Where:** JFS Valley Storefront, 12821 Victory Bl

**RSVP:** (800) 516-5323

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**Health Benefits of Yoga and Meditation for Older Adults**

Learn about the benefits of yoga and meditation, as well as practical lifestyle changes.

**When:** Thursday, Feb 22 / Noon – 1:30 pm

**Where:** Santa Monica Family YMCA, 1332 6th St

**RSVP:** (800) 516-5323

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**Age-Related Macular Degeneration**

Phillip Le, MD, UCLA ophthalmologist, will discuss age-related macular degeneration, focusing on symptoms, diagnosis and treatments available.

**When:** Thursday, Mar 8 / 2 – 3:30 pm

**Where:** The Fair Oaks, 951 S Fair Oaks Av, Pasadena

**RSVP:** (800) 516-5323

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**Hearing Loss**

A UCLA audiologist will discuss recent changes in hearing-aid regulations, as well as updates on current hearing-aid technologies.

**When:** Thursday, Mar 22 / Noon – 1:30 pm

**Where:** Santa Monica Family YMCA, 1332 6th St

**RSVP:** (800) 516-5323

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**Screenings for Older Adults**

Gabriela Sauder, MD, UCLA geriatrician, will discuss appropriate cancer-screening tests, healthy lifestyle counseling, geriatric health issues, immunizations, preventive medications and vitamins for older adults.

**When:** Monday, Feb 12 / 2 – 3:30 pm

**Where:** Sunrise of Westlake Village, 3011 Townsgate Rd

**RSVP:** (800) 516-5323
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