

Vital Signs

SUMMER 2022 | VOLUME 95

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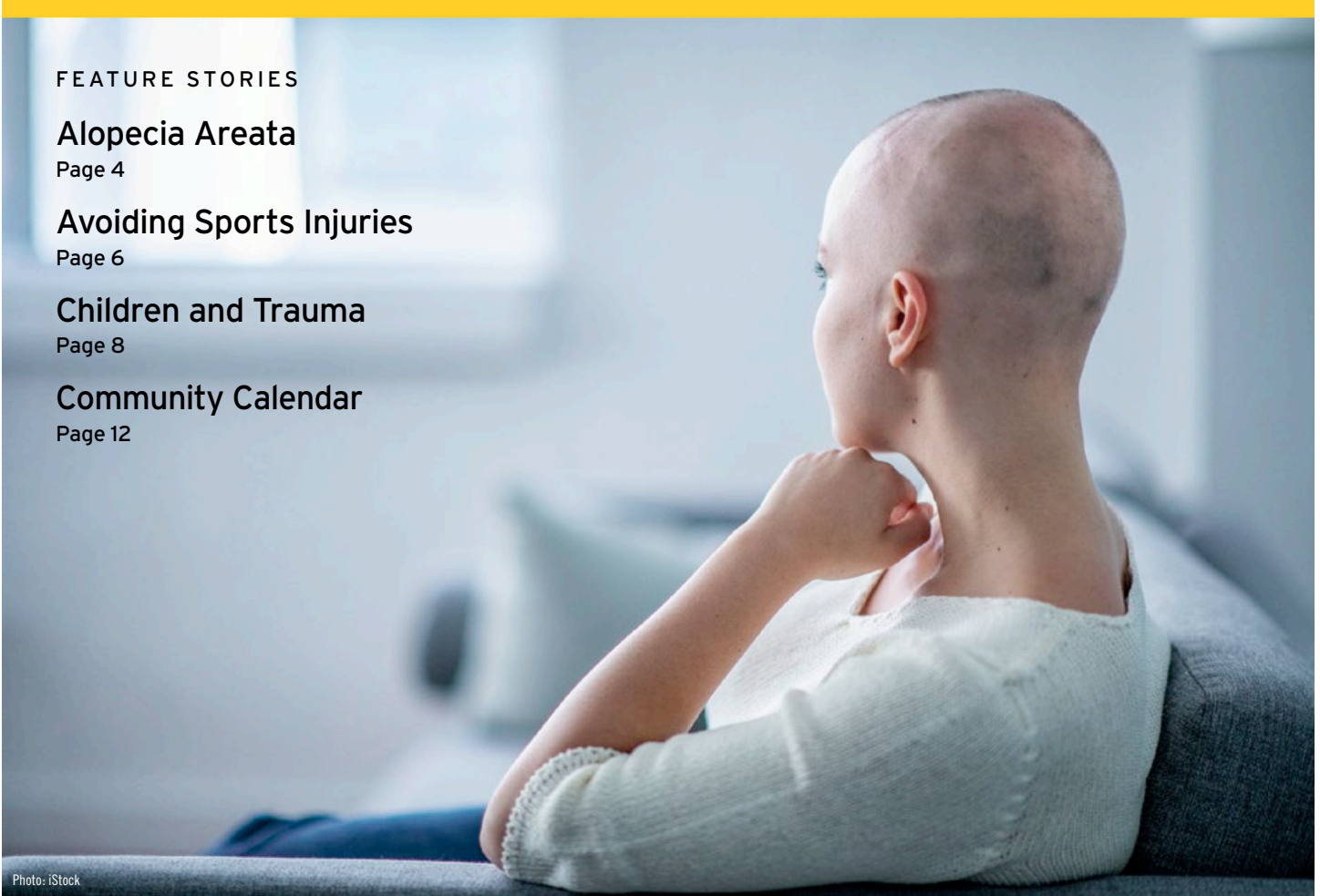


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Photo: iStock

Repair rather than replace may be preferable for many patients with mitral-valve disease

Repairing rather than replacing a diseased mitral valve often has greater benefit for patients, says UCLA Health's chief of cardiothoracic surgery and recently designated mitral-valve repair reference surgeon Richard Shemin, MD. "There are advantages to maintaining one's own tissue as opposed to having artificial tissue and an implanted device," Dr. Shemin says.

Patients who receive mitral-valve replacement must regularly take anticoagulant drugs to prevent blood clots. Such a regimen is not required for patients who undergo

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Mattel Ranks No. 5



UCLA Mattel Children's Hospital ranked among the Top 5 "Best Children's Hospitals" in California by *U.S. News & World Report*, and it is recognized among the best in the nation in several specialty areas, including neonatology, pediatric cancer, pediatric gastroenterology and GI surgery, pediatric nephrology, pediatric neurology and neurosurgery, pediatric orthopaedics and pediatric urology. This is the 16th consecutive year that multiple pediatric subspecialties at Mattel were ranked among the nation's best.

For more information about UCLA Mattel Children's Hospital, scan the QR code:



An urgent need for blood and plasma continues

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



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

For more information or to sign up to donate, go to: uclahealth.org/gotblood.



Safe Sleep Habits for Infants and Young Toddlers

Keeping children safe is a parent's top priority. For the first year of life that includes taking precautions to prevent sudden infant death syndrome (SIDS), which is the leading cause of mortality in babies ages 1 month to 1 year. As babies grow into toddlers, new safety concerns arise. Leian Chen, MD, a UCLA pediatrician in Marina del Rey, and Mridula Watt, MD, a UCLA pediatrician and internal medicine physician in Beverly Hills, discuss safety issues and provide suggestions for making bedtime safe.

What steps do you advise for keeping newborns and babies safe as they sleep?

The American Academy of Pediatrics (AAP) has clear, evidence-based recommendations for reducing the risk of SIDS in infants. "The most important thing during the first year of life is to put babies to sleep on their backs," Dr. Chen says. "Babies should have their own safe sleep space in a crib, bassinet or play yard, on a firm mattress covered with a tight-fitted sheet." She adds that items such as pillows, blankets, bumper pads and stuffed toys pose a risk of suffocation and do not belong in the crib. Other safety recommendations include parents sharing a room (but not sharing a bed) with their baby for the first six-to-12 months, breast feeding and not exposing the baby to anyone who smokes to help reduce the risk of SIDS.



Dr. Leian Chen. Photos: UCLA Health



Dr. Mridula Watt.

When is it time to transition out of the crib, and what strategies can help make that a smooth process?

Families generally transition from a crib to a bed when the baby is 18 months to 3 years old. "When the baby begins to climb, it's time to make the switch," Dr. Watt says. To ease the transition, "talk it up and make it exciting. Perhaps let the child choose their new bedding." Like any transition, consistency is key. "Carry on the bedtime ritual you started when your baby was in the crib. Some children transition easily, but others wake up frequently and come to their parents' bedroom. If parents want toddlers to sleep in their own beds, they need to walk them back to bed consistently."

What are other safety precautions?

"Make sure the crib, bassinet, play yard and mattress conform to Consumer Product Safety Commission safety standards," Dr. Chen says. "Babyproof everything within climbing reach; anchor furniture that could topple, tie up window cords, double lock the windows, cover electrical cords and outlets, and remove small objects that could be choking

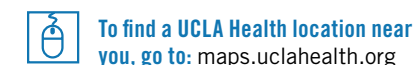


Photo: iStock

hazards." The "At Home" section of the American Academy of Pediatrics' website for parents, healthychildren.org, has an exhaustive list of home babyproofing measures.

What else helps with bedtime?

Bedtime routines help to promote healthy sleep habits, Dr. Watt says. "Start a routine that signals bedtime is coming. It can be short, like a quick song, or it can be longer, like a bath, feeding and a book — as long as it is consistent." Even so, parents should expect that their toddlers will experience sleep setbacks when developmental leaps occur or during transitions such as starting preschool or welcoming a sibling, Dr. Chen notes. "When parents have questions or concerns about bedtime and safety, pediatricians are happy to offer guidance," she adds.





Dr. Carolyn Goh.
Photo: Joshua Suddock

Alopecia areata is no laughing matter

The altercation at this year's Academy Awards between Will Smith and Chris Rock following the comedian's joke about Smith's wife, Jada Pinkett Smith, and her close-cropped hairdo brought global attention to the hair-loss condition alopecia areata. While Pinkett Smith has spoken publicly since 2018 about her experiences with the autoimmune disorder, the discussion following the Oscars increased awareness of the condition that affects 2% of the population. As Alopecia Areata Awareness Month approaches in September, dermatologist Carolyn Goh, MD, founder of the UCLA Hair and Scalp Disorder Clinic, explains alopecia areata and its effects.

What is alopecia areata?

Dr. Goh: Alopecia is a broad term that we use for all kinds of hair loss. Alopecia areata is a type of hair loss that causes bald spots, and sometimes complete baldness, in men and women and children. It can affect people of all races and ethnicities at any age, though typical onset is during young adulthood.

What causes alopecia areata?

Dr. Goh: It's an autoimmune condition and is genetically based. It often begins without warning with a bald spot here or there. Usually, the hair grows back by itself, but sometimes it doesn't. Sometimes people will lose all their hair. It's termed alopecia totalis if it's 100% scalp hair loss. Alopecia universalis is when it's 100% body hair loss. Sometimes people have both. Some people lose a little bit of eyebrows, but not all their body hair or not all their scalp hair.

How is alopecia areata diagnosed?

Dr. Goh: It's usually by visual exam. There are tests that can be done to rule out other conditions. We can do a skin biopsy, where we take a sample of the skin and look at it under a microscope. But there's no blood test.

What treatments exist?

Dr. Goh: Up until now, there have been no treatments approved by the U.S. Food and Drug Administration for alopecia. However, in June the U.S. Food and Drug Administration approved a medication already in use to treat rheumatoid arthritis, baricitinib, for the treatment of severe alopecia areata in adults. A recent study published in the *New England Journal of Medicine* found that baricitinib led to greater hair grown than a placebo in adults with severe alopecia areata. For less-severe cases, we often use topical, injectable or oral steroids to treat alopecia areata.

What are the psychological implications of alopecia areata?

Dr. Goh: A large part of the psychological impact is the lack of control and unpredictability of it. The social nature of hair is a big part of it, as well — the societal expectation for how people should look and what their hair should look like. It can really affect people's self-esteem and sense of self. There was a recent story about a young girl in Indiana who committed suicide because she was being bullied for her alopecia, so that really speaks to the impact it can have on people.

“Hair loss is not urgent in the sense that it is life-threatening, but it can be life-altering.”


Is hair loss an urgent issue that should be addressed as soon as possible?

Dr. Goh: Hair loss is not urgent in the sense that it is life-threatening, but it can be life-altering, and if a patient is concerned about their hair loss, I do recommend that he or she speak with a physician. Many types of hair loss, including alopecia areata, can improve on their own. While wait times for an appointment in our clinic are lengthy, it still can be worthwhile to schedule a distant appointment in case the hair loss does not resolve.

Can you talk about your personal experience with this condition?

Dr. Goh: I developed alopecia areata when I was 3 years old. My hair fell out in patches first and then completely in about a year. I also lost some eyebrows. They grew back, but I basically didn't have hair. Around age 5 or 6, I started wearing wigs. When I started college, I decided I didn't want to do that anymore. I decided to go without any wigs. And I got comfortable with it.

I did have different treatments when I was younger to try to grow the hair back, but nothing really worked, so we stopped with that in my teens. My father is a doctor, and I always wanted to be a doctor. When I got to medical school, I wasn't sure what I would want to study. But as we were learning about medicine and science, I kept thinking about alopecia, because it was a personal thing, and I realized that dermatology was what I wanted to do, specializing in hair loss.

 For more information about alopecia areata, go to: naaf.org



**Alopecia
Areata**
Awareness
Month
September

Image: iStock

Tips for the weekend warrior to avoid injuries



With the warm months of summer upon us, many weekend warriors are taking to nearby fields and parks for some athletic recreation. However, many would-be athletes forget that as they get older, it takes more work to keep the body in tune for strenuous activity. That may be particularly true for those who played competitive sports in college or high school, potentially leading to moderate-to-serious injuries.

“Unfortunately, many of us fall victim to the weekend-warrior mentality,” says UCLA Health orthopaedic surgeon Kristofer Jones, MD. “We work hard all week and try to compress or make up for lost time on the weekends by engaging in physical activity that our bodies may not be accustomed to handling.”

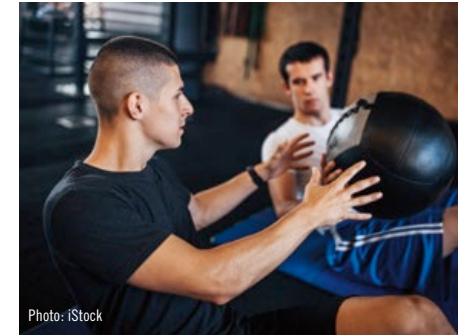
To prepare for this summer’s sports season — and for the coming seasons of fall and winter sports, as well — Dr. Jones, who also is head

team physician for the Los Angeles Lakers and a team physician for UCLA athletics, recommends a core-strengthening program to help avoid injuries.

Core exercises are essential for athletic performance and decreasing the chance of injury. The body’s core is more than just the abdominals, as most people mistakenly believe. The core includes the pelvis, hips, lower back, mid back, neck and chest, as well as the abdominals. The primary function of the core is to stabilize the spine and keep it from bearing too much weight, helping to transfer weight between the lower and upper body. Having a weak core could result in a person relying too much on their shoulders or arms when, for example, throwing a ball or swinging a bat playing softball or baseball, potentially resulting in injury.

“While injuries in professional athletes tend to be the result of overuse secondary to prolonged, repetitive participation in a certain sport, this isn’t the case with recreational athletes,” Dr. Jones says. “With long periods of inactivity interspersed with short amounts of vigorous physical activity, we place ourselves at risk for various injuries due to the introduction of load/stress that our bodies are not accustomed to. If you have not participated in a sport for a long period of time, it can be quite helpful to begin by incorporating activities that improve neuromuscular control. A collection of activities focusing on things like balance, plyometrics (speed and jumping exercises) and agility can be added to a regular strength and mobility program to provide a nice foundation for reintroducing your body to a sport,” Dr. Jones says.

“We work hard all week and try to compress or make up for lost time on the weekends by engaging in physical activity that our bodies may not be accustomed to handling.”



Core exercises are essential for athletic performance and decreasing the chance of injury.

Dr. Jones encourages most patients to engage in physical activity, but he also cautions that they also should pay close attention to their bodies and adapt to what their bodies can tolerate. “I encourage my patients to play sports, but instead of participating three-to-four times per week, perhaps consider mixing in other activities that place a different load or stress on the body to help avoid injury,” he says.

And he recommends that any older adult considering becoming active in a recreational sports league first consult with their physician, especially if they’ve had a previous injury. “If you have a preexisting musculoskeletal injury, elbow tendonitis, knee arthritis or a chronic ligament injury, it would be wise to consult with a sports medicine physician to determine if a brace or other supplemental gear would be useful to support the body in a way that avoids exacerbation of that injury,” Dr. Jones says.

For more information about sports medicine in the UCLA Department of Orthopaedic Surgery, go to:
uclahealth.org/ortho/sports-medicine

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Repair rather than replace may be preferable for many patients with mitral-valve disease

mitral-valve repair. “In general, patients who are able to maintain a repairable valve do better long-term,” Dr. Shemin says.

The American Heart Association (AHA) recently named the surgery program led by Dr. Shemin as a reference center for mitral-valve repair, and it designated Dr. Shemin as a reference surgeon. UCLA’s program is one of only three in the western United States, and it is the only one in Southern California, to receive such a recognition. The designation also reflects the expanded options offered by UCLA Health to patients with mitral-valve disease, including the use of minimally invasive robotic approaches and the program’s emphasis on mitral-valve repair.

The mitral valve is one of two valves on the left side of the heart that help to keep blood flowing in the right direction. As blood collects in the left atrium, it flows through the mitral valve to fill the left ventricle — the main pumping chamber that ejects blood through the aortic valve into the body’s circulatory network.

A variety of factors can lead to mitral-valve disease. The most common is a degenerative condition that prevents the valve’s flaps from closing tightly, causing the blood to leak backward, or regurgitate. This leads to symptoms that include shortness of breath and fatigue, requiring surgery.

At a high-volume center such as UCLA, most diseased mitral valves can be repaired. Studies comparing mitral-valve repair with mechanical replacement involving an artificial valve have shown that repair procedures have a lower risk of complications and death. UCLA is also able to perform these complex procedures through minimally invasive, robotic surgical approaches that avoid the need for a sternal incision. “This leads to significantly less bleeding, less pain, more-rapid recovery and a better

cosmetic result,” Dr. Shemin notes.

When mitral-valve replacement is necessary, UCLA is one of the first centers in the nation to implant Mitris Resilia, a mitral-valve device with an advanced tissue technology to improve the durability of the valve.

Beyond repair and replacement, UCLA’s portfolio of mitral-valve treatments includes nonsurgical interventions that patients may qualify for, such as MitraClip, a device introduced via a thin catheter that is threaded through the femoral vein in the groin to the left atrium, where it is deployed and attaches to the two leaflets of the mitral valve to clip them together and reduce the backflow of blood. The program also provides patients access to clinical trials of the latest technologies, including the HARPOON mitral-valve-repair system, which, rather than clipping the valve, uses transesophageal echocardiography guidance to place an artificial cord on the valve, pulling the leaflet of the valve back into position while the heart continues to beat.

“Patients diagnosed with mitral-valve disease have many more treatment options than in the past,” Dr. Shemin says. “They are best served being treated at a center of excellence, where everything from medical therapy through the variety of surgical therapies and advanced devices is offered, and there is a team of experts able to tailor the necessary care to each individual patient.”

For more information about cardiac-valve surgery at UCLA Health, go to:
surgery.ucla.edu/cardiac-valve-program

For information about the American Heart Association’s and Mitral Foundation’s Mitral Valve Repair Reference Center Award program, go to:
mitralfoundation.org/reference-center-award

How to talk to kids after an unspeakable trauma

Following the mass shooting in May at Robb Elementary School in Uvalde, Texas, which took the lives of 19 children and two teachers, many parents around the country were left wondering how to help their own children process such a tragedy. But before talking to children about this, or any other significant tragedy or traumatic event, parents need to take a moment to reflect on the event and what it means for them and their family, says Melissa Brymer, PhD, director of terrorism and disaster programs at the UCLA-Duke National Center for Child Traumatic Stress.

“For some, they may have experienced other violence or a recent death due to COVID, so they need a moment to figure out how this is triggering them,” Dr. Brymer says.

“It’s important to take that moment to process — talk it out with a partner, a loved one or a friend, even to figure out what words to use before talking to our kids.”

Once the timing is right, it’s important for parents to initiate those conversations. Children may hear about the event on the news, they might see things online, or they might overhear adults in conversation about the incident. Dr. Brymer says it’s important for parents to find out what their children have heard, what they know, and to correct any misinformation.

For younger children, who may worry about their own safety and that of their family, she says, the talks will be shorter. “We need to reassure them that they are safe,” Dr. Brymer says. “Sometimes, we have to have that conversation multiple times. They can only handle small chunks at a time.”

It’s important for parents to find out what their children have heard, what they know, and to correct any misinformation.

When it comes to speaking with adolescents, the conversation can lean more toward talking about safety concerns that may be associated with social and political issues, if any, related to the event. “It might tap into family values,” Dr. Brymer says. “What does this mean for our family? Were there certain identities affected by this event?”

When speaking with teenagers, it’s important to ask about what they may have seen on social media, Dr. Brymer says. Have they seen videos or other disturbing content? “Acknowledge that feeling a little vulnerable is

expected,” she says. Following a school-related event, such as the mass shooting in May, “You may want to review what your kids’ school does to address safety. What have they been doing?”

Dr. Brymer says some older children may want to talk about change and how they can contribute. “Are there organization they might want to volunteer with? School clubs or initiatives? As a family, talking about things that we can do for change may be helpful.”

If a child asks if violence such as occurred in Texas will happen again, it’s important to answer honestly, Dr. Brymer says. “We can’t tell them no; that wouldn’t be truthful. We then have to tap into what we can do to be part of the change. Are there things at their school — is there bullying or a lack of security — and is there something we can do to address those issues? Focus on those things that we can control.”

For instance, family members could commit to reaching out to others who might be having a hard time, due to the pandemic or other issues. “It helps them, and it also helps us,” she says.



For more information about the National Child Traumatic Stress Network, go to: nctsn.org



A child and her father visit a memorial at Robb Elementary School to honor the children and teachers killed in the school shooting in Uvalde, Texas.

Photo: JAP Photo/Eric Gay

Nutrition may play key role in supporting brain health following traumatic brain injury



Each year in the United States, an estimated 1.5 million Americans sustain a traumatic brain injury (TBI), and nearly a quarter-million people are hospitalized as a result. Often, full recovery can be challenging. However, experts say that a nutritionally dense diet may play an important role in achieving that goal.

While there is ongoing research linking nutrition to recovery from moderate-to-severe TBI, less is known about its impact on mild TBI (mTBI). “There is still so much we’re learning,” says Natalie Gavi, MS, RD, a neurology dietician with the UCLA Steve Tisch BrainSPORT Program. “We don’t yet have a solid understanding of the role nutrition has in healing mTBI; therefore, a lot of the interventions are focused on symptom management.”

The Mediterranean diet is one of the more popular nutritional approaches linked to promoting brain health after a TBI.

The Mediterranean diet — consisting of moderate portions of lean meat and dairy products and larger portions of fresh fruits and vegetables, whole grains, legumes, nuts, fish and olive oil — is one of the more popular nutritional approaches linked to promoting brain health after a TBI. “As far as the research shows, that style of eating has been demonstrated to be the most beneficial in terms of supporting brain health,” Gavi says.

Such a diet can be rich in omega-3 fatty acids, which have proven beneficial to brain health. However, consuming the proper source of omega-3s is equally important. “There are different types of omega-3s,” Gavi says. “Omega-3s from fatty fish are great for the brain.” For people who can’t or prefer not to eat seafood, Gavi recommends supplements that include DHA from microalgae, the food that fish eat, to get the brain-specific omega-3s.

Adding antioxidant-rich fruits, such as blueberries or pomegranates, to one’s diet also can help improve cognitive functions. Gavi says it is important to consume antioxidants from multiple sources. The colors in each fruit and vegetable


represent different antioxidants and polyphenols, which all play different roles in the body. “The blue from blueberries is going to provide a different benefit than the red in pomegranates, cherries and strawberries,” Gavi says.

As with many treatments for medical conditions, diets for patients recovering from TBI should be individualized.

While foods such as those that are part of the Mediterranean diet have been shown to be beneficial, there are other categories of comestibles that are best avoided while recovering from a brain injury. These include alcohol, sugary drinks, fried foods, red meat, butter and cheese, and a variety of baked goods, such as cakes and donuts.

Understanding the brain-gut interaction also is important in relation to brain function and nutrition, Gavi says. “We’re learning so much about brain-gut interactions and the role the microbiome has on brain health,” she says. To capitalize on that, Gavi encourages patients to identify fermented foods they enjoy and incorporate them into their diet to promote diversity in the gut microbiota. She also recommended adding certain prebiotic foods to the diet, such as onions and bananas.

She says it is important for patients recovering from TBI to eat regularly, every four to five hours. “A lot of mTBI patients, especially athletes who are removed from their sport, sometimes go from eating on a schedule to not eating as much or not eating at all,” Gavi says. “Their eating schedule is thrown off, so I help them get back to recognizing their cues on when it’s time to eat.”

 To learn more about the UCLA Steve Tisch BrainSPORT Program, go to: uclahealth.org/brainsport

ASK THE DOCTORS

Don't Be Afraid to Be Open with Your Doctor

“Ask the Doctors” is a nationally syndicated column written by Eve Glazier, MD, president of the UCLA Health Faculty Practice Group, and Elizabeth Ko, MD, medical director of the UCLA Health Integrative Medicine Collaborative.



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



Illustration: Maitreyee Kalaskar

DEAR DOCTORS: How do I tell my doctor that I have a problem with alcohol? I’m prescribed pain medicine, which I don’t abuse. However, my alcohol consumption has increased, especially since my mom died last fall. I want to bring it up, but I am not sure how, or even if I should.


DEAR READER: We want to begin by saying that it takes courage to recognize when you have a problem. Alcohol is a widely accepted part of adult life, which makes it easy to label potentially damaging behavior as merely social drinking. By acknowledging your concern about the changing role of alcohol in your own life, you’ve taken an important first step to regaining control and balance. You’ve also opened the door to examining why this has occurred, which can be painful.

It’s understandably difficult to share this kind of very personal information. But in addition to the impact that substance abuse can have on one’s physical and mental health, the fact that you are taking pain medications makes this important information for your doctor to have. Alcohol can reinforce the sedative properties of a range of prescription pain medications. This can lead to unexpected, and even dangerous, results. It’s important to become aware of any potential side effects that can arise from mixing alcohol with the medications you have been prescribed.

In our experience, excessive alcohol use begins as a behavior, a numbing process used to medicate underlying pain or emotion. When someone understands what’s behind this behavior, whether it’s boredom, anger, disappointment, fear, anxiety or, as in your case, grief, they can begin to focus on healthier, more

useful and more healing coping mechanisms. We think you will be best served by approaching your doctor with honesty and clarity. It will also be helpful if you have a goal in mind. It may be as simple as wanting your doctor to have this information as part of your medical history. Or perhaps you would like to engage further and get support, information or a referral. By beginning with “I just wanted you to know” or “I wonder if you can help me with,” you’re setting the stage for the conversation you’re comfortable having at that point in time.

When someone’s alcohol consumption edges into heavy-drinking territory, which is presently defined as 15 or more drinks per week for men and eight or more drinks per week for women, we use what is known as the CAGE questionnaire. We ask if the person feels they should cut back on drinking, if they get annoyed when someone questions their alcohol use, if drinking makes them feel guilty, and if they have recently started the day with a drink. A single “yes” answer to any of the questions indicates the need for further evaluation. Two or more affirmative answers indicate an increased risk of alcohol dependence. While letting your doctor know about your struggle with alcohol can feel intimidating, it’s actually important information for him or her to have to help you maintain your good health and well-being. In sharing this information now, you may be preventing future pain and harm.

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

Community Health Programs

AUGUST / SEPTEMBER / OCTOBER 2022 COMMUNITY CALENDAR EVENTS

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

CARE PLANNING

Advance Care Planning

Advance care planning is a gift you give your loved ones who might otherwise struggle to make choices about your care in the event you are unable to. This session provides an introduction to care planning.

When: Wednesdays, Aug. 17, Sept. 14 and Oct. 26, 6 – 7:30 pm

Where: Teleconference session

Register: ACP@mednet.ucla.edu

COGNITIVE HEALTH

Memory Training Course (monthly)

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

Where: Teleconference session

Info & cost: longevity@mednet.ucla.edu

Senior Scholars

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

When: Fall quarter begins Sept. 22; applications July 25 to Aug. 29

Where: Online and on UCLA campus

Info & cost: semel.ucla.edu/longevity/seniorscholars-program-longevity-center or srscholars@mednet.ucla.edu or 310-794-0679

Brain Boot Camp (monthly)

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

When: Friday, Sept. 16 and Monday, Oct. 31, 10 – 11:30 am

Where: Teleconference session

Info & cost: longevity@mednet.ucla.edu

Sharper Mind Series (monthly)

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

When: Friday, Sept. 16 and Monday, Oct. 31, 1:30 – 3 pm

Where: Teleconference session

Info & cost: longevity@mednet.ucla.edu

KIDNEY DISEASE

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

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

When: Monday, Aug. 1, 5 – 6 pm; Thursday, Sept. 1, 5 – 6 pm; Saturday, Oct. 1, 5 – 6 pm

Where: Teleconference session

RSVP: tinyurl.com/rastogi-chat

Kidney Health Q and A

Dr. Ira Kurtz, Distinguished Professor and Chief of the Division of Nephrology at UCLA, hosts a monthly Q & A session on all aspects of kidney disease. Dr. Kurtz will answer questions on the various causes of acute and chronic kidney disease and medications that injure the kidneys among other kidney-related topics, including treatment options.

When: Thursdays, Aug. 18, Sept. 22 and Oct. 20, 7 – 7:45 pm

Where: Teleconference session

RSVP: 310-463-3618 or lblum@mednet.ucla.edu

MOVEMENT DISORDERS

How to Shake the Shakes

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

When: Saturday, Oct. 22, 9 am – noon

Where: Teleconference session

RSVP: ucla.tremor@gmail.com

MULTIPLE SCLEROSIS

Exercise and MS

Learn from an MS exercise specialist how exercise can improve your overall wellness and help manage your MS symptoms. This 12-week program is for those who can easily walk 25 feet without a cane or walker.

When: Mondays, 1 – 3 pm

Where: Marilyn Hilton MS Achievement Center at UCLA

Info & application: 310-267-4071

Free From Falls

An eight-week program for those with MS who walk with or without a cane and may be at risk for falling. Learn how to reduce fall risks and about exercises to improve balance and mobility from an MS exercise specialist and other professionals at the Marilyn Hilton MS Achievement Center.

When: Mondays, 1 – 3 pm beginning in October

Where: Marilyn Hilton MS Achievement Center at UCLA

Info & application: 310-267-4071

PODIATRY

Ankle Arthritis and Ankle Replacement

Bob Baravarian, DPM, will discuss the latest advances in treating foot and ankle arthritis, including injection joint lubrication, arthroscopic cleanup, joint-preservation surgery, fusion surgery and ankle replacement surgery.

When: Tuesday, Aug. 16, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

Heel and Ankle Pain

Gary Briskin, DPM, will discuss common causes of heel and ankle pain, as well as surgical and nonsurgical therapies.

When: Tuesday, Sept. 20, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

Bunions and Bunions Surgery

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

When: Tuesday, Oct. 18, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

STRESS REDUCTION

Mindfulness Classes and Events (ongoing)

UCLA Mindful Awareness Research Center offers classes, workshops and events for the public to learn mindfulness techniques and practices to reduce stress and promote well-being. Free Monday and Thursday 12:30 pm meditations.

Where: Teleconference sessions

Info: uclahealth.org/marc

WEIGHT MANAGEMENT

Healthier Weight Management Webinar Series

This eight-week course is designed to promote lifestyle modifications for weight reduction and long-term weight maintenance. UCLA physicians and dietitians specializing in weight management lead the presentations on nutrition, exercise, stress management and more.

When: Tuesdays, 3 – 4 pm

Where: Teleconference sessions

Info & cost: uclahealth.org/clinicalnutrition/healthier-weight-management; \$80 for eight-week course

FEATURED EVENT

Save-a-Life Workshop

Learn how to save a life! Learn the signs and symptoms of common emergencies like choking, heart attack, stroke and allergic reactions. Lifesaving skills like hands-only CPR, stopping severe bleeding and calling 9-1-1 — what to know, say and do — will all be covered.

When: Tuesday, Oct. 11, noon – 1 pm

Where: Teleconference session

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



UCLA patients need blood donations

The need for blood and plasma during the COVID-19 pandemic remains acute. Blood donation is a way for healthy people to make a significant contribution during this difficult time. The UCLA Blood & Platelet Center follows the precautions recommended by the American Association of Blood Banks to keep donors and staff safe. For more information and to schedule an appointment to donate, go to: uclahealth.org/gotblood



Care, for life

Get lifelong care at **more than 250** UCLA Health clinics

To learn more or to book an appointment, please visit uclahealth.org



COVID-19 Clinical Trials

UCLA conducts research for a wide range of medical disorders and offers patients opportunities to participate in research and clinical trials. At right is a description of just one of our many active clinical trials dedicated to the research and treatment of COVID-19, followed by a list of some of the other clinical studies at UCLA Health that are actively recruiting participants.

ACTIV-3b: Therapeutics for severely ill inpatients with COVID-19


This study looks at the safety and effectiveness of different drugs in treating COVID-19 in people who have been hospitalized with the infection and who have acute respiratory failure. Participants in the study will be treated with either a study drug plus current standard of care (SOC) or with a placebo plus current SOC.



More open and actively recruiting clinical studies at UCLA Health:

- The effect of the COVID-19 pandemic on glaucoma care
- Accelerating COVID-19 therapeutic interventions and vaccines 4 ACUTE
- COVID-19 questionnaire in UCLA rheumatoid arthritis patients
- Acupressure for COVID-19 related quality of life and stress
- Role of children in transmission of COVID-19 to immunocompromised patients
- Observational cohort of hospitalized patients with COVID-19 at UCLA
- COVID-19 booster vaccine in autoimmune disease nonresponders
- An observational study evaluating viral shedding and development of immune responses in mother-infant pairs affected by COVID-19
- COVID-19 surveillance in health care workers and patients: observational studies from the influenza vaccine effectiveness in the critically ill (IVY) network

- Covid-19 critical care consortium incorporating the extracorporeal membrane oxygenation for 2019 novel coronavirus acute respiratory disease (ECMOCARD)
- Innovative support for patients with SARS-COV2 infections (COVID-19) registry (INSPIRE)
- (Revival) study to investigate the efficacy and safety of alkaline phosphatase in patients with sepsis-associated acute kidney injury
- COVID evaluation of risk for emergency departments (COVERED) project
- Study to evaluate the safety, tolerability, pharmacokinetics and efficacy of Remdesivir (GS-5734™) in participants from birth to < 18 years of age with coronavirus disease 2019 (COVID-19)

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