

Vital Signs

SUMMER 2023 | VOLUME 99

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Photo: iStock



Photo: Joshua Sudock

New strategies to defeat depression

Nearly 15 years after it was approved by the U.S. Food and Drug Administration as a treatment for depression that doesn't improve with medication, a noninvasive therapy that "resets" the brain's neural circuits produces impressive results as an approach for depression. New techniques developed at UCLA can relieve symptoms of depression in as quickly as one week.

Transcranial magnetic stimulation (TMS) applies a series of gentle electromagnetic pulses, similar to those in an MRI machine, to targeted areas of the brain. This stimulation

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UCLA Health immediate care

A primary care provider should always be your first point of contact when you're sick, injured or have a general health concern. But if it's not life-threatening and your primary care office is closed, UCLA Health immediate care is your best option for world-class health care and outstanding customer service.

UCLA Health has 12 conveniently located immediate care clinics throughout the Greater Los Angeles region that are open on evenings, weekends and holidays. Walk-ins are welcome or you can use the On My Way feature to check wait times for the immediate care clinics closest to you.

For more information about UCLA Health immediate care, go to: uclahealth.org/immediate-care

UCLA Health hospitals earn "A's" for safety

Ronald Reagan UCLA Medical Center and UCLA Santa Monica Medical Center received "A" grades from the Leapfrog Hospital Safety Grade during its spring 2023 evaluation. The Leapfrog Hospital Safety Grade uses 30 performance measures of safety and quality to produce a single letter grade. The new grades reflect performance primarily during the height of the pandemic.



Healthy Weight for a healthy summer

The recently renamed UCLA Medical Weight Management Program, previously known as the Risk Factor Obesity Clinic (RFO), offers individualized nutrition therapy for weight loss. The program features a multidisciplinary team of experienced physicians, nurse practitioners, registered dietitians, clinical psychologists and therapists who are passionate about weight



management and utilizes a combination of dietary, physical activity and behavioral lifestyle changes that are tailored to fit each individual's weight loss goals.

For more information, use the QR code or go to: ucla.in/weight-management

Age to Start Colon Cancer Screening Lowered Following Increase Among Younger Adults

Colorectal cancer-screening guidelines, which previously recommended starting at age 50, have been lowered to 45 for average-risk adults. The change stems from an increase in the incidence of colorectal cancer in adults younger than 50, a trend that has received national attention. From around 2000 to 2016, incidence of colorectal cancer among adults aged 40-49 has increased by almost 15%, according to the U.S. Preventive Services Task Force. In addition, colorectal cancers are being diagnosed in younger adults at more advanced stages; researchers have not yet determined the cause of these trends. Lisa D. Lin, MD, MS, a UCLA Health gastroenterologist in Beverly Hills, and Elliott Birnstein, MD, a UCLA Health gastroenterologist in downtown Los Angeles, answer common questions about colorectal cancer screening.

What is the benefit of colon cancer screening?

"Colon cancer screening with a colonoscopy allows us to find and remove polyps that might develop into cancerous tumors," Dr. Birnstein says. "Because colorectal cancer doesn't always have symptoms in its early stages, it is important to get screened according to our current guidelines." Colonoscopy remains the gold standard because if polyps or suspicious lesions are found, they can immediately be removed.

If the patient has a good prep and there are no polyps, it is recommended that the test be repeated in 10 years. Recommendation for the time interval for a patient's next colonoscopy may be shorter depending on the number, size and types of polyps found or if the patient has a family history of colon cancer in a parent or sibling. Dr. Lin notes that there are also two kinds of at-home stool-based tests. The FIT (fecal immunochemical test) test looks for blood

in the stool and must be repeated annually. The multitarget stool DNA test detects blood and certain DNA alterations in the stool and is recommended every three years. Although a multitarget stool DNA test may better detect some types of polyps, it is more expensive than a FIT test and has slightly more potential for a false positive result.



Dr. Lisa D. Lin. Photos: UCLA Health



Dr. Elliott Birnstein.

Another option is CT colonography. Similar to a colonoscopy, the patient does a full bowel prep, followed by a CT scan. The test is given every five years. If findings are positive, the individual needs to follow up with a colonoscopy. Someone with a family history of colon cancer or advanced colon polyps in first degree relatives should have a colonoscopy rather than a stool-based test.

What are the risk factors for colon cancer, and how do they affect screening guidelines?

"The main risk factors for colorectal cancer are age and genetics," Dr. Lin says. "Individuals with a first-degree relative — a parent, sibling or child — who had colon cancer or an advanced polyp at an age less than 60 should get a colonoscopy screening every five years starting 10 years earlier than the age at which the family member was diagnosed or at age 40, whichever is earlier." Diet also can be a factor. Eating red meats and processed meats may increase the risk of developing colon cancer. Lack of physical exercise, being overweight and consuming alcohol and/or tobacco also are risk factors.

Are some racial or ethnic groups more prone than others to colorectal cancer?

According to the American Cancer Society, American Indian and Alaska Native people have the highest rates of colorectal cancer in the U.S., followed by African Americans. Jews of Eastern European descent have one of the highest colorectal cancer risks of any ethnic group in the world.

What are the symptoms of colon cancer?

"Colon cancer often has no symptoms until its late stages, which is why screening is so important," Dr. Birnstein says. "Talk to your doctor if you experience changes in bowel habits or stool appearance, blood in the stool, anemia or changes in weight and appetite."

How can I make colonoscopy prep easier?

"It's important to hydrate," Dr. Lin says. "You can drink clear liquids, such as broth or electrolyte water. The prep is the toughest part. The procedure itself is over in 30 minutes."

To find a UCLA Health location near you, go to: maps.uclahealth.org



What happens to that unit of blood you just donated?



1 Seven-year-old Leanna is checked in for her triweekly blood transfusion.
Photo: Josh Sudock/UCLA Health

It is often said that donating blood saves lives, but have you ever wondered where that pint you've just given goes and who it helps? To illustrate the lifesaving power of a blood donation, UCLA Health photographers followed a unit of blood on its journey from a donor into the arm of a 7-year-old girl with severe anemia.

1 Leanna has congenital dyserythropoietic anemia, a rare blood disorder that requires her to receive a unit of type O+ blood every three weeks.

2 The journey of her lifesaving donation begins at the UCLA Blood & Platelet Center, where an O+ donor rests comfortably as a

needle is inserted into her arm for the draw, which takes about 10 minutes.

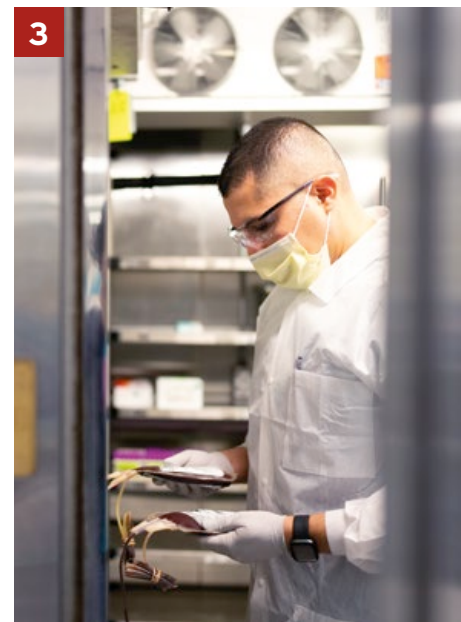
In addition to the pint, a few extra tubes are collected to be sent to a laboratory to be tested for infectious diseases.

A courier later picks up the unit of blood and test tubes, which have been packed in insulated boxes, to deliver to UCLA Health's component-processing lab at the UCLA Center for Health Sciences.

3 At the lab, the blood is unpacked and refrigerated until a technician begins processing it. The first step is leukoreduction, which removes the white blood cells and



2 The journey begins as a donor at the UCLA Blood & Platelet Center gives the unit of blood destined for Leanna.
Photo: Josh Sudock/UCLA Health



3 At the components processing lab, a technician unpacks and stores the donor's unit of blood in a refrigerator.
Photo: Josh Sudock/UCLA Health



4 The donated blood is placed into a centrifuge to separate the red blood cells and plasma.
Photo: Milo Mitchell/UCLA Health



5 A clinical laboratory scientist at the blood bank's "issue bench" conducts further reviews before Leanna receives her transfusion.
Photo: Josh Sudock/UCLA Health



6 Her transfusion over, Leanna is ready to return home.
Photo: Josh Sudock/UCLA Health

decreases the risk of an adverse reaction once the blood is transfused to Leanna.

4 Following leukoreduction, the unit of blood is placed in a centrifuge to separate the red blood cells and plasma. In the meantime, the tubes of additional blood are sent elsewhere to be tested for infectious diseases and to be typed. The processed unit of donated blood will be kept in quarantine until the blood type is confirmed and results of the tests for infectious diseases are received.

Once the unit of blood is typed and determined not to be a risk for infectious diseases, it is sent to the blood bank at Ronald Reagan UCLA Medical Center, where it undergoes a second blood-typing test and is further tested to determine its compatibility for Leanna and to ensure it will not cause an immune reaction.


While these final tests are underway, Leanna, who must come to UCLA every three weeks from her home in Lancaster, checks in at the Pediatric Infusion Center. Before she receives her next transfusion, samples of Leanna's blood are drawn to crossmatch with the donor's blood, ensuring, again, it is compatible.

5 The final stop for the donor blood before it is transfused into Leanna's body is the "issue bench" in the blood bank, where a clinical laboratory scientist reviews the donor's history and checks if the patient requires special modifications to her blood unit.

Before receiving her transfusion, Leanna is given a drug, Desferal, that removes excess iron from her body. Once the donor's blood is received from the blood bank, it is again checked before the transfusion, which will last four hours.

6 After the transfusion, Leanna is ready to return home. Her spirit and health are a testament to the gracious act of donating blood and how it can save a life.

 For more information and to schedule an appointment to donate, go to: uclahealth.org/gotblood

 To read a fuller account of Leanna and her blood donation and to see more photographs, go to: uclahealth.org/news/what-happens-your-blood-after-you-donate or click on the QR code



Palliative care and hospice care: what's the difference?



When former President Jimmy Carter announced earlier this year that he was opting for hospice care rather than continued medical intervention, it put a spotlight on this kind of end-of-life care. And for many people it raised a question: What is hospice care? And how does it differ from palliative care? It is best to start with some basic definitions, says Jeannie Meyer, a UCLA Health clinical nurse specialist in palliative care.

Palliative care is a resource for anyone living with a serious medical condition. “We can help with things like controlling their symptoms and having what we call the ‘goals-of-care’ discussion,” Meyer says. “Our initial goals-of-care discussions are focused more on what gives you joy, what gives you meaning, what is a really good, acceptable quality of life for you? Just so we have some idea of who this person is.”

Hospice, she says, “is a subset of palliative care. It is for people whose prognosis for survival is six months or less. Hospice care begins when individuals opt to forego further disease-modifying treatments in favor of focusing on comfort.”

“Our initial goals-of-care discussions are focused more on what gives you joy, what gives you meaning, what is a really good, acceptable quality of life for you?”

Palliative care starts with conversations between patients and their care providers, both primary care and treating specialists, to outline what Meyer calls the patient’s “line in the sand.” “They share what brings meaning to their lives or gets them out of bed in the morning, and what they want to have happen if that line in the sand can no longer be reached,” Meyer says.

It is not a static decision; it is one that evolves as a patient’s condition changes, Meyer says. She recalls one patient who said he didn’t want to go on if he could no longer surf. But as his condition evolved, he changed his mind and said that as long as he could be on the beach, his life was worth living. Another patient said her line in the sand was being able to sit up on her own and watch true-crime shows on TV.

People can receive palliative care for months or years. Studies show that palliative care leads to better outcomes and longer lives, Meyer says. And, she adds, many people who receive palliative care recover. “Many of the things we do to get people well can be difficult or even painful,” Meyer says, citing treatments such as chemotherapy or dialysis. “Sometimes it can be very peaceful and very liberating to say: Everything I do from here on in is concentrated on comfort, being with significant others, being cared for and maybe squeezing in some last opportunities. Even if we can no longer cure, we can provide comfort.”

Hospice, on the other hand, is geared toward imminent end-of-life care. But it, too, is dynamic. If an individual’s condition improves and they want to look into treatment again, they can return to more active interventions and palliative care. “The patient is in the driver’s seat throughout this whole journey,” Meyer says. “Their physicians and our staff are with them in the passenger seat, holding their hands. We are helping guide them while at the same time helping with symptom management.”

It is important that anyone who wants to consider palliative or hospice care fill out an advance health care directive that details their wishes. An advance health care directive, which does not require an attorney, is a legal document that provides instructions for a patient’s medical care should they be unable to make decisions or communicate their wishes. It allows people to put their personal “line in the sand” in writing and express what constitutes an acceptable quality of life for them, what should be done if they can’t achieve that quality of life and are no longer able to speak for themselves, and also identify who should make health care decisions on their behalf, Meyer says. “I am a firm believer that anybody over the age of 18 and emancipated minors should have an advance directive,” she says.



For more information about an advance directive, go to:
uclahealth.org/patient-resources/support-information/advance-directive.



A free, downloadable advance directive form is available at:
uclahealth.org/sites/default/files/documents/Advance-Directive-English.pdf

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New strategies to defeat depression

enhances neuroplasticity – the brain’s ability to form new nerve cell connections and escape the negative patterns of mood disorders, explains Andrew F. Leuchter, MD, Distinguished Professor of Psychiatry at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA.

“This is fundamentally different from medications; essentially, it’s brain-network therapy,” says Dr. Leuchter, who directs UCLA Health’s TMS Clinical and Research Service. “For people with depression, brain circuits can become stuck in recurrent negative feedback loops. By stimulating mood-regulating networks, we essentially “rewire” those circuits and enable the brain to form new connections, promoting recovery from depression.”

TMS traditionally involves five-day-a-week treatment for six weeks, followed by a taper of six additional sessions. Each session lasts between 10 and 45 minutes. TMS therapy is a covered benefit under most insurance, and approximately two-thirds of the patients treated at UCLA get substantial relief from depression.

UCLA’s TMS program has pioneered a “precision” approach, individualizing treatment to help even more patients recover from depression. Patients see a psychiatrist at every visit who monitors their progress and refines treatment as necessary. MRIs can be used to target specific areas of the brain and produce optimal results based on each patient’s symptoms. The program is also conducting research to improve outcomes by identifying the ideal stimulation frequency (“resonant frequency,” or RF) for each individual using an electroencephalogram (EEG). Delivering treatments that induce “resonance” in the brain has the potential to help patients recover more quickly, Dr. Leuchter notes.

The TMS program now is offering an accelerated approach treatment in which patients receive five sessions a day for five days. Although this “five-by-five” approach is not yet covered by

insurance, initial results indicate that it helps many patients recover from depression in as quickly as one week.

UCLA is making TMS more accessible and affordable. “We have developed shorter, more efficient treatment protocols to bring down costs” Dr. Leuchter reports. UCLA recently expanded its TMS program, adding new clinics in Pasadena and Calabasas, along with the Westwood clinic. The program now better serves patients throughout Greater Los Angeles.

In recent years, the UCLA TMS team has developed cutting-edge approaches to treat other illnesses for which standard treatments are limited. “TMS can relieve symptoms of other conditions including obsessive-compulsive disorder, chronic pain, tinnitus (persistent ringing in the ear) and post-traumatic stress disorder,” Dr. Leuchter states. “Many of these patients also are depressed, so we simultaneously treat their depression, chronic pain and other symptoms.”

TMS requires no sedation and has an excellent safety record. Side effects, including discomfort at the site of stimulation, mild headaches and fatigue, usually resolve after the first few treatments. The treatment carries a very small risk of seizure — about one-in-30,000 patients. “The side effects from TMS are commonly more benign than medication,” Dr. Leuchter says. “And people with depression who have not benefited from medication are more likely to have their symptoms improved with TMS than by going on a different drug.”



For more information about TMS therapy at UCLA Health, go to:
tmslosangeles.com/tms-transcranial-magnetic-stimulation

Updated guidelines urge pediatricians to take a more proactive approach to treat childhood obesity



Updated guidelines are calling upon pediatricians to take a more proactive approach when they note weight problems in children and teens, including recommending obesity medications and bariatric surgery as acceptable and effective treatments.

The evidence-based guidelines, which were issued by the American Academy of Pediatrics, explore the range of treatment options, including diet and exercise, available to children and teens. However, the recommendations differ from previous advice by urging doctors and parents not to delay treatment to address significant weight issues and to transition to more aggressive treatment if lifestyle modification is ineffective.

About one-in-five U.S. kids, ages 2 through 19, are obese, according to the U.S. Centers for Disease Control and Prevention. The guidelines suggest considering obesity medications as early as age 12. While some parents may be taken aback by the recommendations, the advice is based on recent scientific evidence that has helped to reveal the underlying physiological pathways that lead to weight problems and the advent of targeted medications addressing those biological underpinnings. “We’ve learned obesity is a chronic disease and not just a lack of willpower or due to a poor lifestyle,” says Manal Habib, MD, a

UCLA Health pediatric endocrinologist and weight-management specialist.

Obesity medications and bariatric surgery, she says, “target the chronic disease aspect of it.” These approaches are justified in light of the serious consequences of obesity that are increasingly seen in children, including type 2 diabetes, high blood pressure, high cholesterol, sleep apnea, nonalcoholic fatty liver disease and joint problems.

“Historically, bariatric surgery has been viewed as a last resort. The guidelines outline that we’re targeting the pathway physiology of the disease. We should be referring these patients earlier rather than waiting for things to get more severe.”


Clinical trials have shown weight-loss medications that have been approved by the FDA are safe and tolerable in children as young as age 12; trials are ongoing for younger age groups. Evidence also supports the effectiveness of bariatric surgery for some teens, Dr. Habib says. “Historically, bariatric surgery has been viewed as a last resort. The guidelines outline that we’re targeting the pathway physiology of the disease. We should be referring these patients earlier rather than waiting for things to get more severe,” she says.

The guidelines, however, are not without controversy, even within the medical

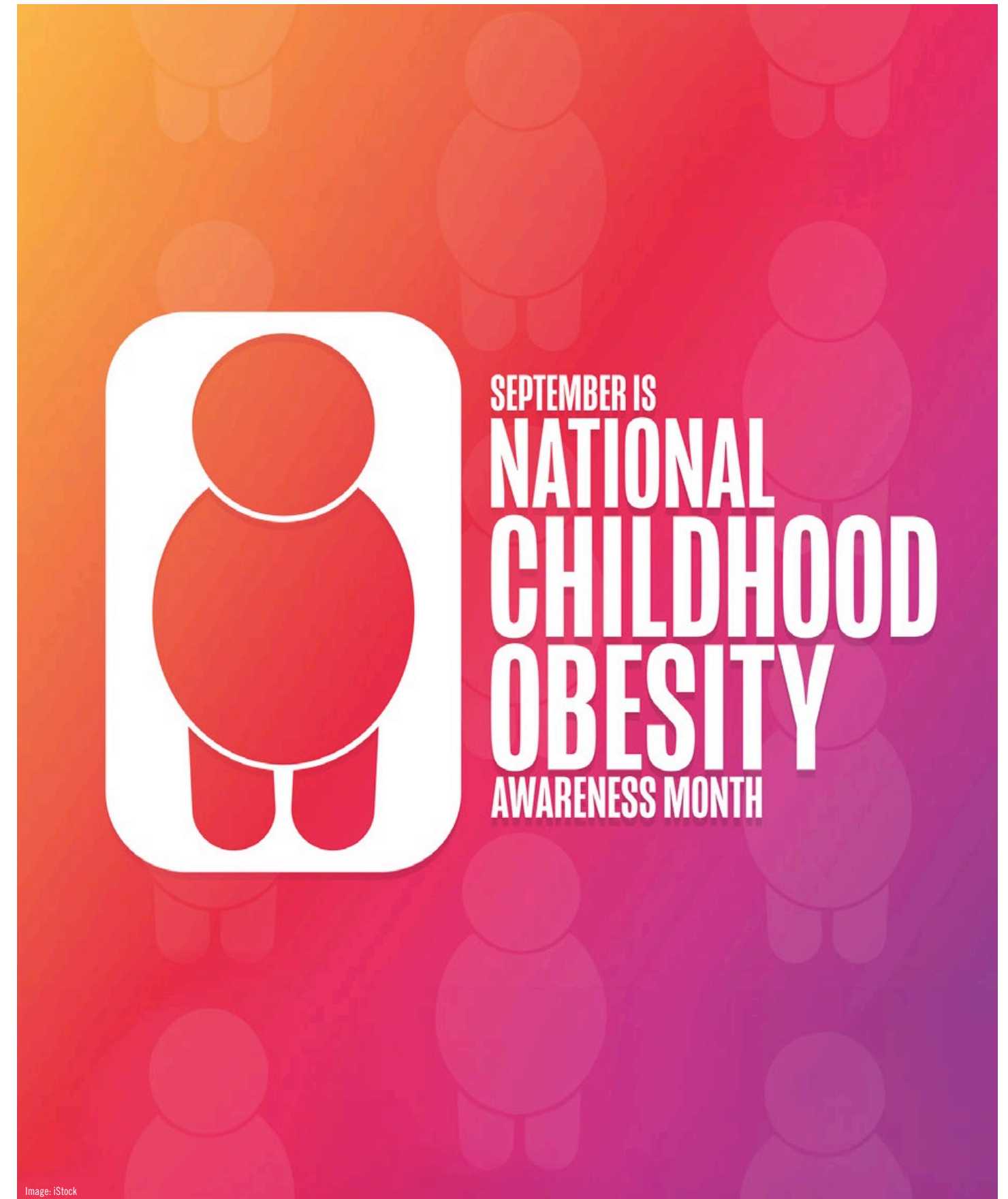
community. “The clinical practice guideline focuses on weight loss as the primary marker of success and the primary tool to address health problems that develop in some children with obesity,” says Cambria L. Garell, MD, a UCLA Health pediatrician and associate medical director of the Fit for Healthy Weight program. “But it is not the weight per se that is the problem. What we worry about is the risk of diabetes, high blood pressure, high cholesterol, fatty liver disease and other comorbidities that can arise as a consequence of obesity.”

A child who is overweight or obese but otherwise healthy and has no related health issues does not require aggressive weight loss, Dr. Garell adds. “I’m disappointed the guidelines didn’t take a more nuanced approach. My major concern is that they miss an opportunity to highlight that there are tools that can address the associated health issues other than weight loss.”

The guidelines also address approaches to prevent weight problems in children. For example, promoting healthier school environments is a measure that also could help lower rates of childhood obesity. “A lot of studies have shown preventing obesity is much more effective than treating obesity,” Dr. Habib says. “We need to advocate for these changes because, ultimately, prevention is much better than a cure.”

 **For more information about UCLA Health pediatric obesity and weight-management programs, go to:**
uclahealth.org/medical-services/weight-management/our-programs/childrenadolescent-program

 **For more information about the Fit for Healthy Weight program, go to:**
uclahealth.org/mattel/fitprogram



For kids to have the most fun in the sun, keep their skin safe



Photo: iStock

With summer upon us, it is important for families to learn about and practice safe skin behaviors, particularly when it comes to children. Even one bad sunburn in childhood can increase the risk of melanoma in adulthood.

Seeking shade is the first and most effective line of defense against getting sunburned, says Carol Cheng, MD, a UCLA Health pediatric dermatologist. Second is to use sun-protective clothing, such as wide-brimmed hats, long-sleeve clothing, rash guards and sunglasses. The third line of defense is applying a broad-spectrum sunscreen with sun protection factor (SPF) of 30 or greater.

Dr. Cheng notes that for children under six months of age, the American Academy of Pediatrics recommends avoiding direct sunlight and providing shade. Ideally, sunscreen use should be avoided in babies younger than 6 months old. However, if this is not possible, a mineral-based sunscreen can be applied in areas that are unable to be shaded or covered by clothing.

Dr. Cheng recommends using sunscreens that includes either zinc oxide or titanium dioxide for infants and younger children, which minimize irritation on sensitive skin. “We recommend using a broad-spectrum sunscreen with SPF 30 or greater,” she says. “Our general recommendation is to reapply every two hours of continuous time in the sun. If your child goes in the water or is sweating, use a water-resistant sunscreen and reapply after being in the water.”

Dr. Cheng notes that data from the American Academy of Dermatology show that sunscreen is protective against developing skin cancer, and that even one blistering sunburn in childhood can double the risk of melanoma in adulthood.

If a child does get sunburned, apply a cold compress or give them a cool bath, Dr. Cheng says. Aloe vera can also be helpful. Over-the-counter hydrocortisone 1% cream can also ease red, itchy or tender skin and help with inflammation. If the sunburn is really painful or widespread, consult the child’s pediatrician

Data from the American Academy of Dermatology show that sunscreen is protective against developing skin cancer, and that even one blistering sunburn in childhood can double the risk of melanoma in adulthood.

about whether or not taking ibuprofen is appropriate. If there is blistering, consult your child’s pediatrician or a dermatologist.

Heat rash can also be an issue during the summer months. Heat rash happens when the sweat ducts or sweat glands are blocked. It typically presents with small, itchy, pink-to-red bumps on the skin, especially in areas where the skin is occluded. For example, on a hot day, a baby sitting in the car seat during a long drive might develop a heat rash on their back, because they’re sweating in that area for a long time.

To prevent heat rash on hot days, try to avoid intense heat for prolonged periods of time and aim for cooler places or spaces that are air conditioned, Dr. Cheng suggests. Consider bringing a portable fan to prevent overheating in strollers. Dressing a child in loose-fitting, lightweight and breathable clothing, such as ones made of cotton, is also helpful. When considering outdoor activities, try to plan them during the cooler part of the day, and not between 10 am and 2 pm, when the sun tends to be the hottest. At home, keep the air conditioner or a fan on, if possible, to prevent heat rash.



For more information about UCLA Health pediatric dermatology, go to: uclahealth.org/medical-services/dermatology/clinical-programs/pediatric-dermatology

More Exercise Is Not Necessarily Better

“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.

DEAR DOCTORS: I started running a year ago to deal with stress and be in better shape. Instead of a set distance, I do 15 minutes of mixed fast and slow running twice a day. But a friend says unless you’re always trying to go farther and faster, it’s not really helpful. Is that actually true?

DEAR READER: We’d like to begin by congratulating you on starting a fitness regimen and maintaining it. The day you took your first run, you started to make an investment in your future health and wellbeing.

Exercise is a frequent topic in the letters we get, and we have often discussed the wide range

of physical, mental and emotional benefits that being active can confer. These include a lower risk of developing high blood pressure, type 2 diabetes, cardiovascular disease, stroke, obesity and metabolic syndrome. Exercise has also been linked to a lower incidence of certain cancers. And your turning to exercise to help manage anxiety is spot on. Numerous studies, as well as a wealth of anecdotal data, correlate regular workouts with improved mental and emotional health. This includes issues such as stress, poor mood, depression and anxiety.

The more-is-better philosophy that your friend is urging you to adopt has certainly been popular in the past. However, exercise that is

too long or too intense can lead to overuse injuries. There is also some evidence that it may contribute to chronic inflammation. Meanwhile, a recent body of research suggests that shorter workouts, such as the ones you have added to your daily routine, may be more beneficial than extended ones. In fact, studies show even two-minute bursts of intense exercise, such as powering up a few flights of stairs or sprinting the last few hundred yards to a destination, are associated with measurable health benefits. It’s not the duration of the exercise that matters in these instances, it’s the intensity. This type

ASK THE DOCTORS



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

of exercise has been shown to be quite effective at helping to build muscle and bolstering the cardiovascular system.

The current exercise recommendations for adults are 150 minutes of moderate activity — or 75 minutes of intense activity — per week. For kids and teens, it’s one hour per day. Add up your twice-daily runs, and you’re exceeding those standards.

Rather than make any changes to the running portion of your workouts, it would be useful to consider expanding into other areas. Aerobic exercise is just one part of a well-rounded program. Weight-bearing exercises to build muscle, as well as stretching exercises for flexibility, are also important. Taken together, these three forms of exercise help to maintain and improve strength, balance, agility and stability.

Turning daily exercise into a long-term habit can be a challenge for many people. This is particularly true when you’re first starting out. In following a running program that you find to be manageable, comfortable and enjoyable, you have created a workout that you’ve been able to stick with for a year. That qualifies as the best type of exercise of all.



Illustration: Maitreyee Kalaskar



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

Community Health Programs

AUGUST / SEPTEMBER / OCTOBER 2023 COMMUNITY CALENDAR EVENTS

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

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. 23 and Oct. 18, 6 – 7:30 pm

Where: Teleconference sessions

Register: Please email ACP@mednet.ucla.edu

DIABETES

Living with Type 2 Diabetes (monthly)

These ADA-certified self-care classes will help you gain important skills, knowledge and confidence to successfully manage your diabetes. Sessions will cover risk reduction, nutrition, medication and being active.

When: Thursdays, 10:30 am – noon

Where: Teleconference sessions

Info & scheduling: diabeteseducation@mednet.ucla.edu

Porter Ranch Diabetes Self-care

UCLA Health certified diabetes care and education specialist Ana Valenzuela, RN, CDCES, will lead an in-person, ADA-certified Type 2 diabetes class at our Porter Ranch clinic.

When: Tuesday, Oct. 17, 8 am – noon

Where: UCLA Health Porter Ranch Primary & Specialty Care
19950 Rinaldi St, Suite 300

Register: 818-271-2400

HEALTH EMERGENCIES

Save-a-Life Workshop

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

When: Tuesday, Oct. 10, noon – 1 pm

Where: Teleconference session

RSVP: <https://www.cpc.mednet.ucla.edu/save-a-life>

KIDNEY DISEASE

CHAT with Dr. Anjay Rastogi and CORE Kidney Team

Professor and Clinical Chief of Nephrology and Director of CORE Kidney Program, Anjay Rastogi, MD PhD, and Circle of CORE, a patient advocacy and support group, will discuss a wide variety of topics related to kidney disease and high blood pressure, including prevention, diagnosis, management, nutrition, exercise, mental health, dialysis, transplantation and kidney-friendly life choices. Other health care providers, including dietitians and psychologists, will join the session. The sessions are interactive, with an opportunity to ask questions during the event. You can also send in your questions in advance to COREKidney@mednet.ucla.edu.

When: Tuesday, Aug. 1; Friday, Sept. 1; and Sunday, 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. 17, Sept. 21 and Oct. 19, 5 – 5:45 pm

Where: Teleconference session

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

LANGUAGE DEVELOPMENT

Let's Talk About Communication

Nicole Schussel, MS, CCC-SLP, UCLA speech-language pathologist, will discuss speech and language development for children, as well as strategies for improving communication abilities at home. Intended for parents and caregivers of children from birth through 4 years of age.

When: Thursday, Oct. 12, 7 – 9 pm

Where: Teleconference session

RSVP: nschussel@mednet.ucla.edu to receive Zoom link

MOVEMENT DISORDERS

How to Shake the Shakes

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

When: Saturday, Oct. 7, 9 am – noon

Where: Teleconference session

RSVP: ucla.tremor@gmail.com

MULTIPLE SCLEROSIS

REACH to Achieve Program (ongoing)

This weekly wellness program focuses on fitness, memory, emotional well-being, recreation, nutrition and health education for individuals living with multiple sclerosis.

Where: Marilyn Hilton MS Achievement Center and via Zoom

Info & application: 310-267-4071

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: Saturdays, 10 – noon 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. 15, 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. 19, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

Bunions and Bunion Surgery

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

When: Tuesday, Oct. 17, 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 session

Info: <https://www.uclahealth.org/programs/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; recorded sessions available to registered attendees

Where: Teleconference sessions

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

RSVP: 310-825-8173



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UCLA Health

Clinical Trials

UCLA conducts research for a wide range of medical disorders. In addition to expanding scientific knowledge, developing new diagnostic techniques and introducing new treatment options, these trials can give qualified patients access to therapies that are not yet available to the general public. Below are just a few of the trials actively recruiting study participants. For more information on these trials and a more complete list of UCLA clinical trials, please visit uclahealth.org/clinical-trials.



Transcranial Magnetic Stimulation and Tobacco Use Disorder

The purpose of this study is to determine if brain stimulation using repetitive transcranial magnetic stimulation (rTMS) directed at different parts of the brain can decrease feelings of cigarette craving and symptoms of cigarette withdrawal, and also if men and women have different responses to rTMS.

A Study of EDG-5506 in Children With Duchenne Muscular Dystrophy

The LYNX study is a 2-part, multicenter, Phase 2 study of safety, pharmacokinetics and biomarkers in children with Duchenne muscular dystrophy including a randomized, double-blind, placebo-controlled part A, followed by an open-label part B.

A Study Evaluating Tocilizumab in Pediatric Patients Hospitalized With COVID-19

This is a single-arm, open-label study to assess the pharmacokinetics, pharmacodynamics, safety, and exploratory efficacy of tocilizumab (TCZ) for the treatment of pediatric patients from birth to less than 18 years old hospitalized with COVID-19 and who are receiving systemic corticosteroids and require supplemental oxygen or mechanical ventilation.

Low-dose Buprenorphine as a Modulator of Social Motivation in Schizophrenia

The effects of low doses of buprenorphine have previously been studied in healthy volunteers, showing that the drug enhances social motivation. These results suggest that buprenorphine may be a promising treatment for deficits in social motivation seen in some patients with schizophrenia. No previous studies have investigated the effects of buprenorphine on social motivation in this population.

Comparison of Anticoagulation and Anti-Platelet Therapies for Intracranial Vascular Atherostenosis


The primary goal of the trial is to determine if the experimental arms (rivaroxaban or ticagrelor or both) are superior to the clopidogrel arm for lowering the 1-year rate of ischemic stroke, intracerebral hemorrhage, or vascular death.

A Clinical Trial of Three Study Medicines (Encorafenib, Binimetinib, and Pembrolizumab) in Patients With Advanced or Metastatic Melanoma

The purpose of this study is to learn about the effects of three study medicines (encorafenib, binimetinib, and pembrolizumab) given together for the treatment of melanoma that is advanced or metastatic, has a certain type of abnormal gene called "BRAF" and has not received prior treatment.

TrialNet Pathway to Prevention of T1D

The TrialNet Natural History Study of the Development of T1DM (Pathway to Prevention Study) has been designed to clarify the natural history of type 1 diabetes mellitus, and in so doing, will contribute to the development and implementation of studies aimed at prevention of and early treatment in T1DM.

 For more information, including a full list of active clinical trials at UCLA Health, please visit: uclahealth.org/clinical-trials