

Vital Signs

FALL 2022 | VOLUME 96

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COVID-19 home test kits don't last forever

Over the many months of the COVID-19 pandemic, people may have accumulated a small stockpile of home test kits in their medicine cabinets. But these rapid antigen tests don't last forever, cautions Omai Garner, PhD, director of clinical microbiology for UCLA Health.

Test-kit boxes include an expiration date, "and once they're past that expiration, we don't know how they're going to perform," says Dr. Garner, adding that the tests could yield false positives or false negatives. "It's best to look at the expiration dates, and if they're past expiration, make sure you throw them away."

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Photo: iStock

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An urgent need for blood continues

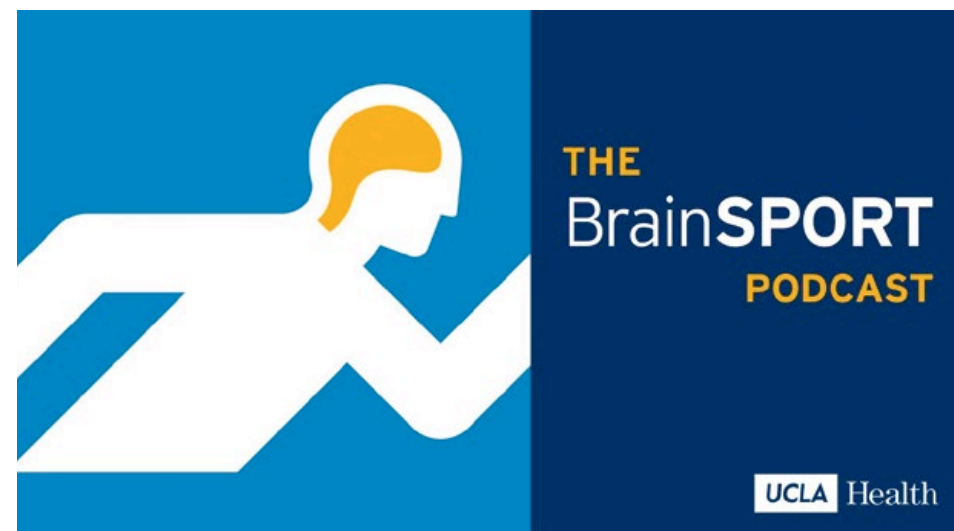


There continues to be an urgent need for blood and plasma as hospital demands outpace donations. Blood donation is a way for healthy people to make a significant contribution during this difficult time. The UCLA

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



Tune in to UCLA BrainSPORT podcast



The UCLA Steve Tisch BrainSPORT Program has launched the UCLA BrainSPORT Podcast, which covers topics in sports neurology, particularly concussions.

This weekly podcast brings together experts and elite athletes to provide a comprehensive, evidence-based understanding of each topic discussed. It also provides a platform for those affected by the topics to share their experiences.

To learn more and to watch the episodes, use the QR code or go to:

uclahealth.org/brainsport/podcast

The Same Medicine Can Come in Different Shapes and Sizes

A patient taking a prescription for potassium recognized her pills by their distinctive appearance: flat, circular, neon orange-colored tablets. But some months later, the potassium pills from the pharmacy had suddenly transformed into white, capsule-shaped ones. Another patient reported his medication changed appearance nine times over a 15-year period. Variations in a medicine's color, shape or size are common. Unfortunately, this can lead to patients mixing up their medications and potentially cause serious health consequences. Equally troubling, a study published several years ago in the medical journal *Annals of Internal Medicine* found a 34% likelihood of patients discontinuing their medication after the pill changed color. A change in the pill's shape increased that likelihood to 66%. Darrick Lee, DO, a UCLA family-medicine physician in downtown Los Angeles, and Erin M. Noren, MD, a UCLA internal-medicine physician in Beverly Hills, discuss why medications can vary in appearance and suggest ways to take them safely.

Why do the shape and color of prescription medications change?

Once a branded medication becomes generic, different companies will make their own versions. Each manufacturer will choose its own size, shape and color for the pill. "One company's pills will look different from another's, even though they're basically the same medication," Dr. Lee says. Pharmacies

look for the most economical option, which can vary from month to month, so a pill's appearance may change accordingly.

What strategies can help patients avoid confusing their medications?

"I absolutely recommend a pill organizer," Dr. Noren says. Some pill organizers allow users to sort by day, while others will break daily times

down by AM and PM or Breakfast, Lunch, Dinner and Bedtime. There are electronic pill organizers with built-in alarms. Patients can also set medication reminders on their phones.

Some pharmacies will create a blister package, a card or sheet with doses of medication within small plastic bubbles,



Illustration: iStock

or blisters, she says. Others may use different colors on prescription bottles or lids to help patients differentiate their medications.

Many online resources provide medication lists, including one entitled "Tracking Your Medications," at nia.nih.gov/health/talking-with-doctors-worksheets. An online pill identifier, such as reference.medscape.com/pill-identifier, provides a way to verify a medication by its appearance.

Are there specific issues for seniors?

"I always tell my patients to keep a list of all their medications and bring it with them for us to review each visit. I may ask them to bring in all the actual bottles," Dr. Lee says.

Dr. Noren also suggests having a family member or caretaker help organize medications and medication reminders. Physicians may refer patients for medication-therapy management, where they meet with a pharmacist to review and organize their medications.

What safeguards does UCLA Health have in place regarding medications?

"When we order medications, alerts pop up if the system recognizes anything as a possible adverse drug interaction or drug allergy," Dr. Lee says. He notes that a pharmacist also reviews each prescription to ensure safety.

What other advice do you have for safely taking medications?

"Save your medication bottles with their labels for reference, but once you've used up the pills, throw the bottle away to avoid confusion," Dr. Noren says. "Also, ask your doctor's advice before starting vitamins or supplements. They may change how your body metabolizes other medications. In regard to medication interactions, Dr. Noren cautions patients to be aware that Paxlovid, the antiviral COVID-19 medication, interacts with a number of prescription drugs, including statins.



Dr. Darrick Lee.
Photos: UCLA Health



Dr. Erin M. Noren.



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

UCLA pediatric heart-transplant program performs historic 500th procedure



Children who have received a new heart at UCLA return each year to celebrate with members of the medical team and staff.

Photo: UCLA Health

A program that began 38 years ago with a heart transplant in a 7-year-old girl performed its 500th procedure in July. In the nearly four decades since its inception, the program has grown into one of the nation's leading and most-distinguished centers. On average, between 10 and 13 infants and children receive a new heart each year at UCLA, with survival rates that exceed national averages, even in some of the most-complex patients. Doctors credit the program's success to the multidisciplinary teams

of health care professionals who are involved in each case.

"UCLA led the way in pediatric heart transplants by adding groups of caregivers who hadn't been previously included," says pediatric cardiologist Juan Alejos, MD, medical director of the pediatric heart-transplant program. "It's not just cardiologists and surgeons, but also transplant coordinators, nurses, social workers, dentists, psychologists, nutritionists and child-development specialists who make this

achievement possible. We could not have reached this point, or had these successes, without their input and dedication.

"We also have such a strong congenital heart-surgery program that our referrals include some of the most complex kids who other centers have turned down," Dr. Alejos says. "Our philosophy has always been to try to make it work somehow."

It is that level of teamwork that makes a difference, says Glen S. Van Arsdell, chief of congenital cardiac surgery. "You can't get away

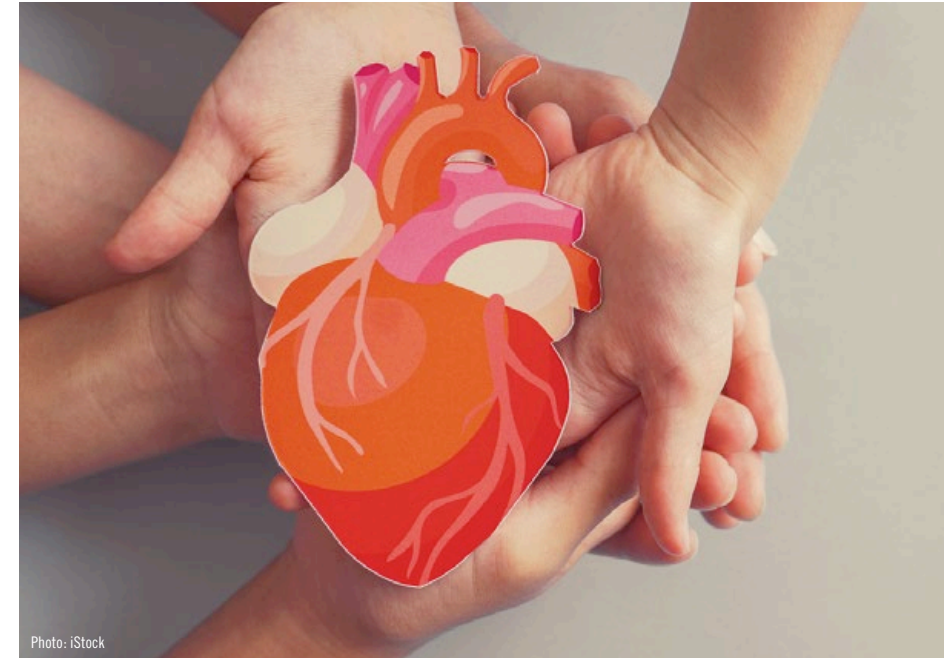


Photo: iStock

from the fact that pediatric heart surgery is a life-and-death business. More than any other discipline, it takes multiple specialists to deliver superior care," he says. "Our job is to work as a team and make critical decisions that meet the top standards of the day."

The pediatric heart-transplant program has also led the way in its innovative approach to screening recipients and donors. While other transplant centers limited surgeries to ideal patients and organs, UCLA's team expanded those boundaries. "There are large numbers of potential recipients and a very limited pool of donors, so many children wound up not getting a heart. Mortality among those was very high," says Hillel Laks, MD, Emeritus Chancellor's Professor of Surgery and founder of the pediatric heart-transplant program.

The program also pushed the envelope by pioneering the use of artificial hearts, both internal and external, as a bridge to keep children alive until a donor heart becomes available. Most recently, a 2-month-old infant was saved by the use of such a device, says Reshma Biniwale, MD, a congenital heart surgeon and member of the pediatric heart transplant team. "She weighed less than eight pounds, and she received a new heart the size of a strawberry," Dr. Biniwale says.

Intensive follow-up, which typically lasts for years, is another key element of UCLA's pediatric heart-transplant program. That's why Dr. Biniwale knows that her tiny patient, who had been close to death, is now doing well. "We really get to know the children and their families, and

they all become part of our extended family," Dr. Biniwale says. "The children come to our annual holiday party, along with many of our team and staff members. It's a joyous day. Seeing them growing up is very moving and very satisfying."

With the 500th pediatric heart transplant, the transplant-team members reflect on the significance of that achievement. "What this reflects is the longevity of the program that Dr. Laks founded in the 1980s and which soon became very important," Dr. Van Arsdell says. "Five hundred is a huge number, and you can't do these complex procedures, and reach such a high number, without having a strong program."

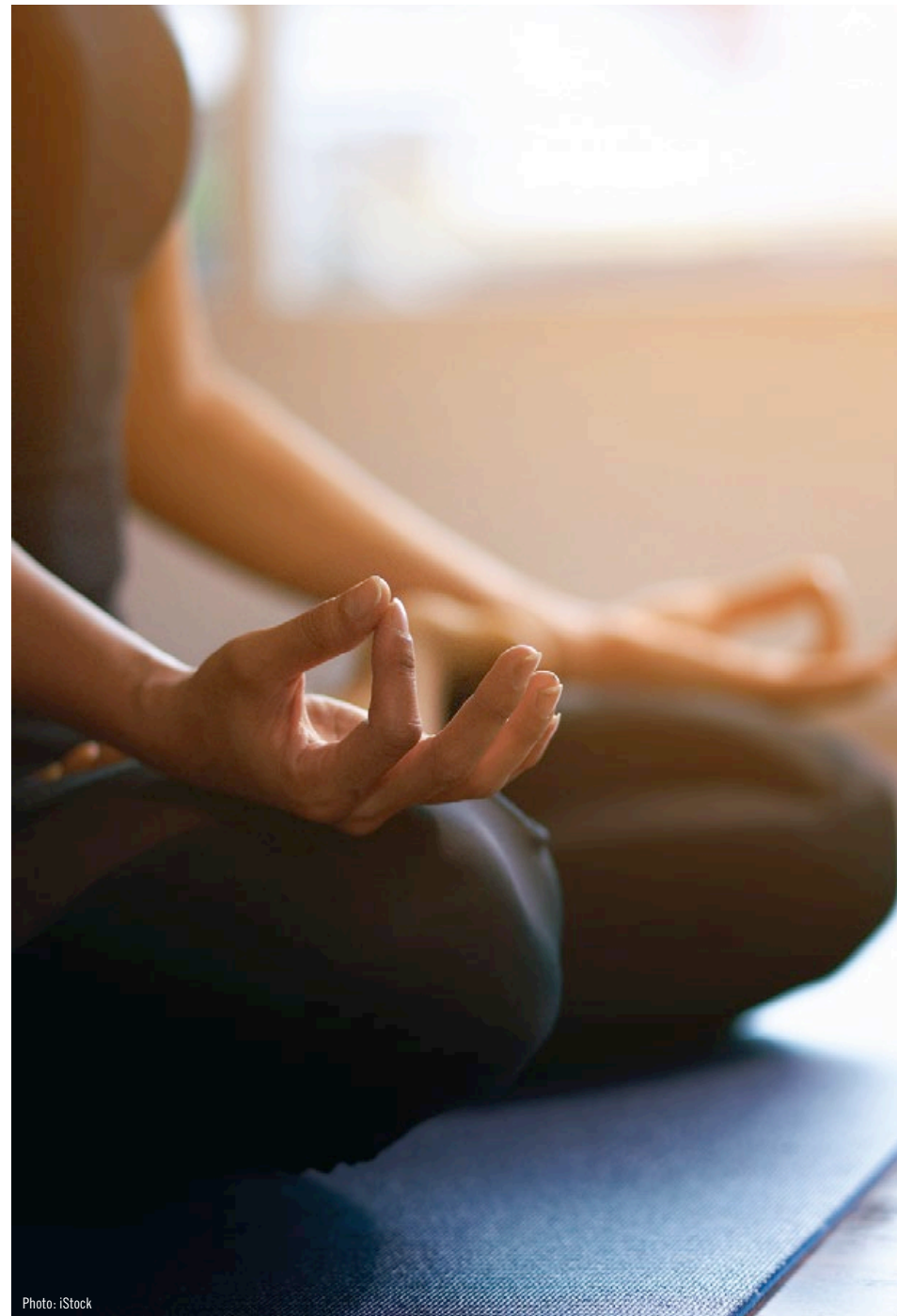
The team approach pioneered at UCLA now has become the standard of care in many transplant programs, Dr. Van Arsdell says. This often includes providing patients with medical care in the weeks and months before surgery, which prepares them for the challenges of this complex surgery. "All of this allows us to take a high-risk patient who another program may not accept and bring them into an appropriate risk category so we can have a successful transplant," he says. "Our goal is to build this program so the next generation can stand on the shoulders of the work we're doing today."



For more information about the UCLA Pediatric Heart-Transplant Program, go to: uclahealth.org/transplants/heart/pediatric-heart-transplant

With the 500th pediatric heart transplant, the transplant-team members reflect on the significance of that achievement.

Program offers survivors of gynecologic cancers a place to heal after treatment



Sometimes successfully treating a patient's gynecologic cancer is only half of the battle. But a survivorship program at UCLA Health aims to help women continue that journey by healing mentally and emotionally as well as physically. "I always felt that we had a responsibility to provide our patients with the resources and support to return to wellness," says Rachel Frankenthal, a physician assistant who launched the program in the UCLA Division of Gynecologic Oncology.

"It's not enough just to treat the cancer," she says. "We want to support our patients through the transition between what can be a very intense and often traumatic experience of treatment and the re-entrance into life that follows. These women go through so much, from the process of being diagnosed with cancer to months of treatment, which can include surgery, chemotherapy and radiation. These lifesaving therapies can unfortunately leave women with long-lasting side effects." Frankenthal says.

"We want to support our patients through the transition between what can be a very intense and often traumatic experience of treatment and the re-entrance into life that follows."

In addition to counseling, the survivorship program, which launched as a pilot last year, offers weekly virtual yoga and meditation classes. During the pilot period, "we surveyed the survivors to see how the program affected them, and we found that every participant experienced an improvement in their treatment-related side effects, including fatigue, brain fog, mood and neuropathy," Frankenthal says. "It also helped those with menopausal symptoms, such as hot flashes and difficulty sleeping."



Feelings of isolation are common among patients with cancer, and this was particularly true during the pandemic, Frankenthal notes. "That is another reason it felt important to connect our survivors and create community for them," she says. "We wanted them to know that they were not alone. Our program provides the space for women to reconnect with themselves as survivors, to find community with other survivors and to engage in therapeutic modalities to improve treatment-related side effects."

During and after cancer treatment, focusing on improving all aspects of a patient's health is essential, adds Ritu Salani, MD, director of gynecologic oncology. "Being a partner with the patient and the caregivers on this journey is one of the most meaningful experiences for me as a physician. We will never stop looking for ways to keep improving this aspect of cancer care."

In addition to the gynecologic-cancer survivorship program, there are other programs available to survivors of cancer, including acupuncture at UCLA's Center for East/West Medicine, mental-health support through the Simms/Mann-UCLA Center for Integrative Oncology, diet and nutrition counseling with the UCLA Center for Human Nutrition and a menopausal-symptom-management clinic with Frankenthal. "Nobody wants to be diagnosed with cancer," she says. "However, with the right resources, I think coming out on the other side can be very empowering. We want our patients to go on to really live the lives they fought for. That is our goal for survivorship."



For more information about the UCLA Gynecologic Oncology Survivorship Program, go to: uclahealth.org/obgyn/survivorship-program

Continued from cover

COVID-19 home test kits don't last forever

Unless the expiration date has been extended, as is the case with many of the free, government-provided test kits. The U.S. Food and Drug Administration announced recently that expiration dates have been updated on testing kits from a variety of manufacturers. The agency issued a table for Americans to check the status of COVID-19 home tests.

The FDA says extended expiration dates for government-issued COVID-19 tests "means the manufacturer-provided data showing that the shelf-life is longer than was known when the test was first authorized." The federal government announced in August that it would stop providing these free COVID test kits as of September.

It's likely that the solution used to identify viral proteins in the nasal swab sample loses effectiveness with time, Dr. Garner says. The amount of time a test is good for varies by manufacturer – some expiration dates may be six months or a year after production; others may be much less.

COVID-19 antigen test kits are temperature sensitive, too. Most COVID tests need to be stored at temperatures of less than 86 degrees. "That's no problem if they're in your temperature-controlled house," Dr. Garner says. "But if you're keeping them in the trunk of your car or keeping them in an outdoor storage shed, that could degrade them quickly."

Many people received free tests from the U.S. government in the mail but allowed them to sit in the mailbox on a hot afternoon, which could make them unusable, he says. Heat damages the chemicals used to identify viral proteins. "These tests aren't to be outside the temperature window at all, period," Dr. Garner says.

Some test kits can be refrigerated; others can't, Dr. Garner notes. Temperature specs are noted on the package.

If cases again are on the upswing, and test kits are difficult to find, it could still make sense to use a test

that has only recently reached its expiration date. "If we're surging and you have some recently expired kits, of course that's going to be better than no test at all," Dr. Garner says. "But if we're not surging and you can go to the store and get another set of tests, it's better to do that."

Home test kits are antigen tests, which use a nasal-swab sample and a reagent solution to identify proteins specific to COVID-19. In individuals who are vaccinated and boosted, however, it may take a few days of infection before viral proteins reach a level detectable by an antigen test. "There's high enough virus count to be contagious, but not high enough to get one of these tests to work," Dr. Garner says.

People who have been vaccinated and boosted and have symptoms of COVID-19 should plan to test twice. If a symptomatic person performs an antigen test and the results are negative, Dr. Garner recommends retesting 48 hours later. "That's why they come in packs of two," he says. "If the second test comes back negative, you can feel pretty confident that you don't have COVID-19."

The PCR test remains the "gold standard" for identifying COVID-19 infection, Dr. Garner says. This lab-performed test, also based on a nasal swab, can detect the virus while viral levels are still emerging.



For current information and updates regarding COVID-19 diagnostic tests, including extended expiration dates, go to: tinyurl.com/covid-test-updates

It's never too late to take measures to prevent falls



Americans are increasingly dedicated to staying active as they age. However, a fall — or even the fear of falling — can quickly derail the best intentions to remain active.

This is not an unwarranted concern. Each year, one-in-three people age 65 and older fall, and that risk increases with age. According to the National Institute on Aging, about one-in-10 falls leads to serious injury, or worse. Falls are the single largest cause of death among older Americans.

Seniors can take measures to improve balance, prevent falls and stay active and functional.

“Falls can lead to a fracture or other significant injuries that further limit mobility,” says Lynn Matsuzaki, a physical therapist at UCLA Outpatient Rehabilitation Services in Santa Monica. “Age-related changes can contribute to balance issues, including decreased reaction time, decreased strength, diminished vision and ability to correct for being off-balance.”

Balance problems can begin in the 60s, especially among sedentary adults. Some older adults may start to notice that their balance isn't what it used to be, and certain activities have become more difficult. “Patients may

report they are not as confident walking on uneven surfaces, like grass, and avoid these varied terrains,” Matsuzaki says. This could be an indication that balance is declining.

It may be a mistake to simply write off balance problems as a natural part of aging. Seniors can take measures to improve balance, prevent falls and stay active and functional, Matsuzaki says. According to the National Institute on Aging, fall prevention includes monitoring factors like medications that can cause side effects of dizziness or fatigue. Fall prevention also includes addressing the home environment — adding good lighting, removing rugs or objects that can be trip hazards and wearing sturdy shoes.

At UCLA's Outpatient Rehabilitation Services, with locations in Santa Monica and Westwood, physicians can refer patients for a balance assessment and fall-prevention education. Patient evaluations typically include walking and balance tests. Therapists are able to identify impairments and can often suggest corrective measures during that session, Matsuzaki says. “We want patients to start learning how they can be safer. We educate patients and develop a program of exercises for them to follow at home,” she says. “A good portion of these exercises involve strengthening the lower extremities.”

This service can help patients learn to safely navigate their environments by assessing age-



Balance problems can begin in the 60s, especially among sedentary adults. Some older adults may start to notice that their balance isn't what it used to be, and certain activities have become more difficult.

related changes affecting balance, coordination and strength, while taking into consideration other health issues that may impact their risk for falling. Therapists may communicate with

physicians to discuss need for assistive devices and/or factors affecting patient participation in therapy.

“We set goals,” Matsuzaki says. “We use functional outcome measures and conduct specific balance tests to establish baseline numbers, so, when we reassess them, hopefully those numbers have improved. More importantly, patients provide input on their progress and how they're responding to therapy.”

The department also offers a virtual, community exercise class taught by physical and occupational therapists called SAIL, which stands for Staying Active and Independent for Life. “A portion of this class focuses on balance, while the remaining time includes upper/lower

extremity strengthening and cardiovascular exercises,” Matsuzaki says. Participants must complete a fitness screen before joining the class. SAIL instructors are skilled in guiding participants to exercise at their own pace and intensity levels so they are safe and benefit from the class. Prevention is good medicine, she adds: “When someone is active, he or she is maintaining strength and challenging their balance system.”

 For more information about UCLA Rehabilitation Services, go to uclahealth.org/rehab

Daily aspirin no longer recommended for most older adults, but still advised for those with existing heart disease

A panel of disease-prevention experts says older adults who don't have heart disease should not take daily low-dose aspirin to prevent a first heart attack or stroke, a shift from earlier guidance. The U.S. Preventive Services Task Force, a panel of physicians who review scientific research to develop guidelines to improve the health of Americans, published new recommendations advising against daily aspirin use for the prevention of cardiovascular disease in people age 60 and older.

Aspirin has blood-thinning properties that can reduce the likelihood of blood clots forming in the arteries. But these same properties can also cause ulcers and bleeding in the digestive tract.



Photo: Joshua Sudock

Taking baby aspirin daily has been routine for millions of Americans looking to prevent a heart attack or stroke. Aspirin has blood-thinning properties that can reduce the likelihood of blood clots forming in the arteries. But these same properties can also cause ulcers and bleeding in the digestive tract.

The task force recommendations state that low-dose daily aspirin to prevent cardiovascular disease (CVD) has a modest benefit for people ages 40-to-59 years of age who aren't at increased risk for bleeding. It concludes that there is "no net benefit" of taking aspirin for primary prevention of heart disease in those 60 and older.

However, aspirin continues to be recommended to individuals with existing cardiovascular disease, including those who have had a stent, coronary bypass surgery, heart attack, stroke, or who have peripheral arterial disease, notes Gregg C. Fonarow, MD, interim chief of the UCLA Division of Cardiology and codirector of the UCLA Preventative Cardiology Program. "The daily use of aspirin

effectively prevents heart attacks and strokes in individuals with established cardiovascular disease," he says.

Cardiovascular disease is the leading cause of death in the United States. Each year, more than 600,000 people experience a first heart attack and another 610,000 have a first stroke. Risk for heart disease can be reduced by maintaining normal blood pressure, cholesterol and blood-sugar levels, getting regular exercise and not smoking.

The updated recommendations are based on three clinical trials that found that using aspirin for primary prevention of heart attack and stroke "showed no meaningful benefits and higher bleeding risks," says UCLA cardiologist Boback Ziaieian, MD, PhD, who was among the authors of a report by the American College of Cardiology and American Heart Association that downgraded recommendations for aspirin use for primary prevention in high-risk patients.

"This was a fairly large reversal from older recommendations," he says. "We have since learned that in an era where we control

hypertension and high cholesterol better for primary prevention, aspirin may be only minimally beneficial, with an increased bleeding risk, especially for older adults."

Like Dr. Fonarow, Dr. Ziaieian says that this new advice applies only to primary prevention in people without known cardiovascular disease. "Aspirin remains important for secondary prevention of stroke and ischemic cardiovascular disease," he says.

If one already has started an aspirin regimen, "do not stop taking it without first consulting your doctor," Dr. Fonarow says.



To learn more about cardiovascular care at UCLA, go to: uclahealth.org/locations/cardiovascular-center

Love Coffee? Don't Eschew that Cup

"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: Where do we stand on coffee these days? It seems like there's always a new study that says either coffee is healthy or that it's bad for you. I've even read that coffee helps your brain stay sharp. I love my daily morning cup and hope that the most-recent news about coffee is good.

DEAR READER: For as long as people have been drinking coffee, they have been arguing about it. Historians trace coffee's origins to wild plants found in Ethiopia, and its emergence as a global beverage to the mid-1400s. Over the centuries, a variety of religious, political, economic and

health-based bans on coffee have been enacted, all to no avail. Today, people worldwide drink an estimated 2.25 billion cups of the beverage each day.

And instead of arguing about coffee, we have switched to studying it. In the earlier days of coffee research, enthusiasts endured alarming conclusions that linked their morning cup to health problems, such as heart disease, high blood pressure, pancreatic cancer and asthma. It was later revealed that these studies included participants who smoked, and that the adverse effects probably arose due to tobacco use, not as a result of coffee consumption. Newer research



Illustration: Maitreyee Kalaskar

ASK THE DOCTORS



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

In recent months, new research with more good news about coffee has been published. A study in the journal *Frontiers in Aging Neuroscience* examined the effects of coffee consumption on cognitive impairment in 227 adults in their 60s. None had memory problems. The health questionnaire they were issued included questions about how much coffee each person drank and how often. Cognition was assessed every 18 months over the course of the 10-year study. When the research concluded, the data suggested a link between daily coffee consumption and lower and slower rates of cognitive decline and cognitive impairment.

A recent study from China linked coffee drinking to longer life. Researchers followed the health outcomes of about 170,000 adults in their mid-50s for seven years. None had cancer or cardiovascular disease. The data showed that those who drank a moderate amount of coffee each day — between two and five cups — were less likely to die during the scope of the study. Interestingly, the health benefits extended even to those coffee drinkers who added a teaspoon of sugar to their cup. The use of artificial sweeteners, or the addition of dairy products and artificial creamers, were not addressed.

It's important to remember that the caffeine in coffee can interfere with sleep and cause the jitters. And older adults, who often metabolize caffeine more slowly, may have to adjust their habits as they age.

is uncovering a sometimes-surprising range of potential health benefits for moderate coffee drinkers. These include a lower risk of health problems, including type 2 diabetes, heart disease, chronic liver disease, Parkinson's disease, depression, and liver and endometrial cancers. And while the stimulant effect of caffeine is a major reason for coffee's popularity, it's unlikely it plays a role in health benefits. Scientists suspect that credit goes to the dozens of other complex compounds that coffee contains.



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

Community Health Programs

NOVEMBER / DECEMBER / JANUARY 2022-23 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, Nov. 16, Dec. 14 and Jan. 18, 6 – 7:30 pm

Where: Teleconference sessions

Register: Please email 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

Schedule & 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: Winter quarter begins Jan. 4; applications Nov. 7 to Dec. 2

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.

Where: Teleconference session

Schedule & 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.

Where: Teleconference session

Schedule & cost: longevity@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 through Dec. 15, 10:30 am – noon

Where: Teleconference sessions

Info & scheduling: diabeteseducation@mednet.ucla.edu

HEALTH EMERGENCIES

Save-a-Life Workshop

Learn how to save a life! Recognize the signs and symptoms of common emergencies, such as 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, Jan. 10, 2023, noon – 1 pm

Where: Teleconference session

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

KIDNEY DISEASE

Kidney Disease — What You Should Know!

Learn about various aspects of kidney disease from our expert physicians, specialists and other health care providers; dietitians; psychologist and our Circle of CORE kidney advocates. This program is hosted by Professor and Clinical Chief of Nephrology and Director of CORE Kidney Program, Anjay Rastogi, MD, PhD, and our CORE Kidney Health Team. 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, Nov. 1, 5 – 6:30 pm; Thursday, Dec. 1, 5 – 6:30 pm; Monday, Jan 9, 5 – 6:30 pm

Where: Teleconference sessions

RSVP: tinyurl.com/rastogi-chat

Kidney Health Q and A

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

When: Thursdays, Nov. 17, Dec. 15 and Jan. 19, 7 – 7:45 pm

Where: Teleconference sessions

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

MULTIPLE SCLEROSIS

Beyond Diagnosis

An evening program for those newly diagnosed with MS in the last two years. Join MS professionals from the Marilyn Hilton MS Achievement Center at UCLA and the National MS Society to discuss MS and wellness practices to improve your life with MS.

When: Sessions begin in Jan. 2023

Where: Marilyn Hilton MS Achievement Center at UCLA

Info & application: 310-267-4071

CogniFitness

A four-week program held on Saturdays for those with MS who are experiencing mild cognitive problems. Learn strategies to improve your attention, memory, organization, problem-solving and critical-thinking skills from a speech pathologist with the Marilyn Hilton MS Achievement Center at UCLA.

When: Registration in Jan. for sessions in Feb. 2023

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, Nov. 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, Dec. 20, 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, Jan. 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 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; 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



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



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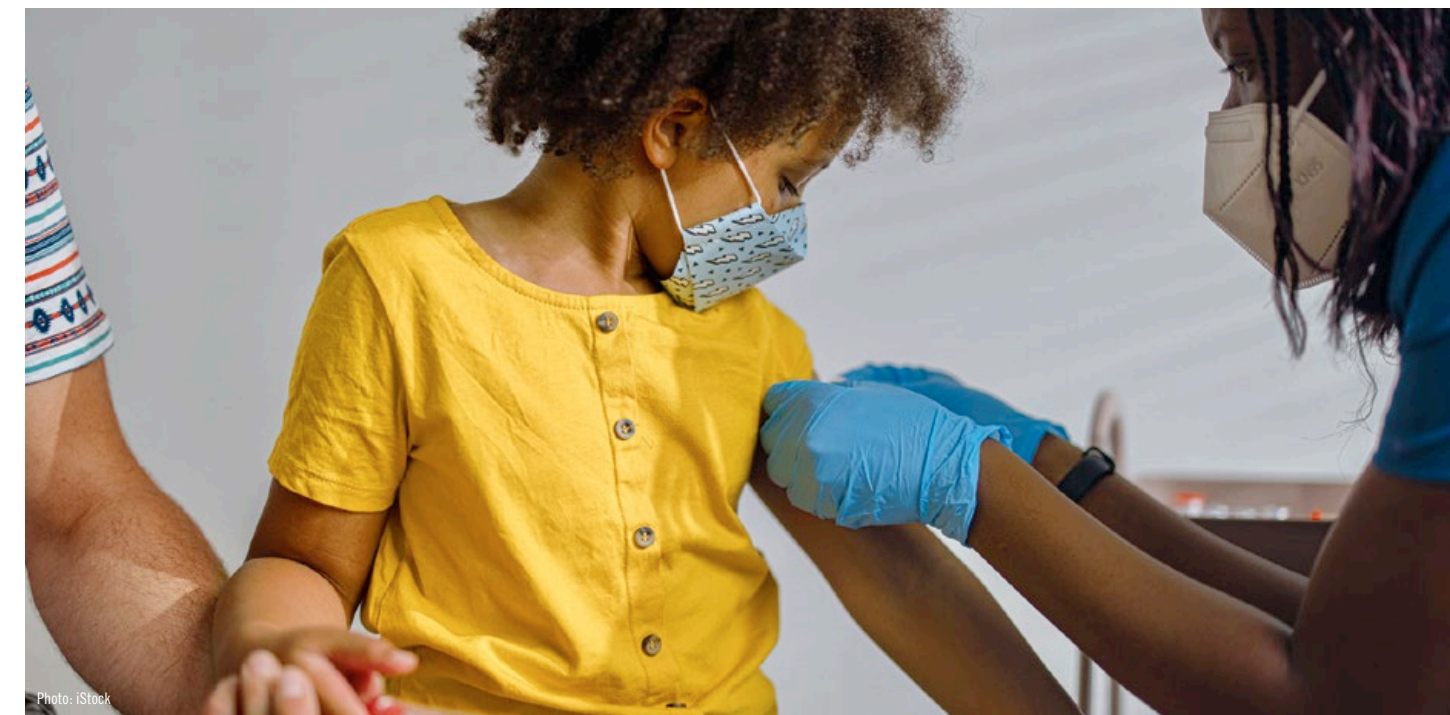


COVID-19 Clinical Trials

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.

EPIC-Peds: Study of oral PF-07321332 nirmatrelvir/ritonavir in nonhospitalized COVID-19 pediatric patients at risk for severe disease


The purpose of the study is to evaluate the safety, pharmacokinetics and efficacy of nirmatrelvir/ritonavir for the treatment of nonhospitalized, symptomatic pediatric participants with coronavirus disease 2019 (COVID-19) who are at risk of progression to severe disease.



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 respirator 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.