

Vital Signs

SUMMER 2021 | VOLUME 91

FEATURE STORIES

Youth Sports Injury

Page 4

Advances in Spine Surgery

Page 6

COVID-19 Loss

Page 8

Community Calendar

Page 12

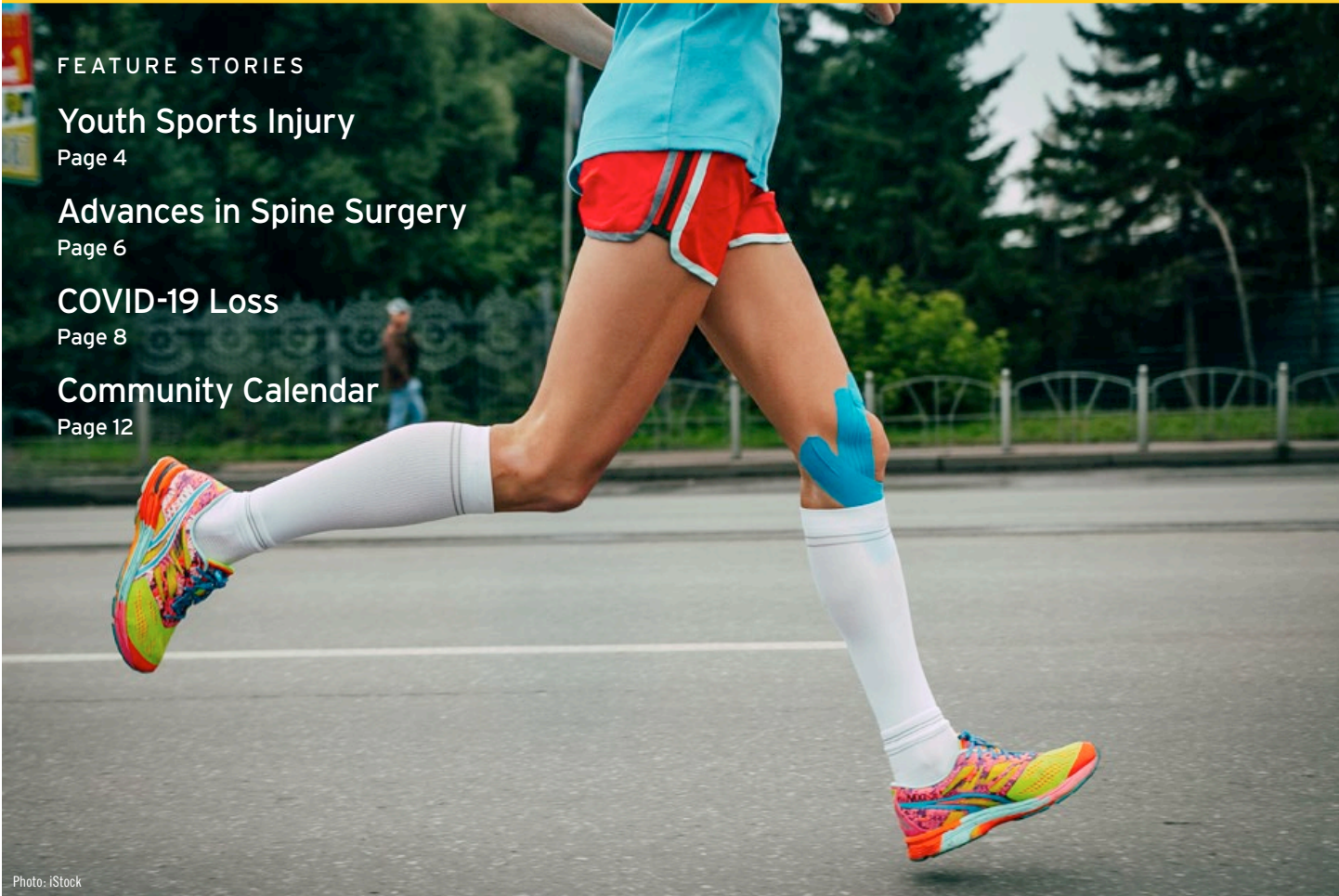


Photo: iStock

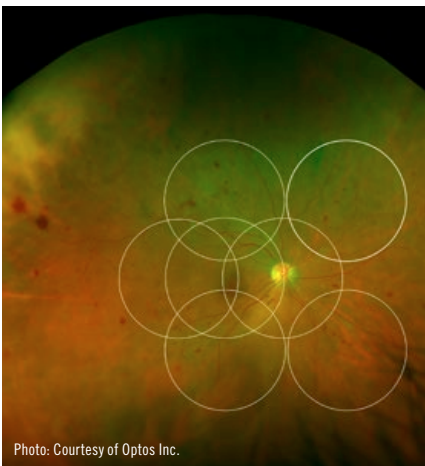


Photo: Courtesy of Optos Inc.

UCLA expands program to screen for diabetic retinopathy

Managing doctors' appointments, lab tests and trips to the pharmacy can become overwhelming for people with diabetes. But UCLA Health physicians are attempting to ease the burden on patients and keep them healthier through a new program to screen for a complication of the disease, an eye disorder called diabetic retinopathy.

Continued on page 7



Photo: iStock

In this issue

- 2 What's new at UCLA
- 3 Preventing falls in older adults
Falls are the leading cause of injury among older adults, but despite their frequency, many can be prevented.
- 4 Injuries among young athletes are on the rise
Youth sports specialization can be detrimental both physically and emotionally for athletes under age 18.
- 6 Advances in spine surgery open door to relief for more patients
Multidisciplinary collaboration enables the UCLA Spine Center to optimize care of patients who might not have been eligible for spinal surgery.
- 8 COVID-19 brought a year of loss to everyone
No one was left untouched in this year of pandemic-wrought losses.
- 10 To boost immunity, look to the gut
Immune function has been top of mind for many people during the pandemic, but not everyone realizes the extent to which diet affects the immune system.
- 11 Ask the Doctors
UCLA's Drs. Eve Glazier and Elizabeth Ko answer readers' questions: Is no pain, no gain the best approach to exercise?
- 12 Community calendar
Health and wellness for the community.



Photo: UCLA Health

New UCLA Health community clinics open

UCLA Health is expanding with new primary and specialty care clinics in Beverly Hills, Marina del Rey, Simi Valley and Torrance. These clinics join the UCLA Health network of more than

200 primary and specialty clinics in convenient locations throughout Los Angeles, Orange, Santa Barbara and Ventura counties.

For more information about clinics in your area, go to: uclahealth.org/locations

UCLA Mattel Children's Hospital ranks among the best

For the 15th consecutive year, UCLA Mattel Children's Hospital is being recognized among the "Best Children's Hospitals" in the nation. The annual accolade by *U.S. News & World Report* highlights UCLA's leadership in multiple areas, including: neonatology, pediatric cancer, pediatric gastroenterology & GI surgery, pediatric nephrology, pediatric neurology & neurosurgery, and pediatric orthopaedics.



Photo: Courtesy of Los Angeles Dodgers

Cover your bases against cancer

UCLA Health is teaming up with Los Angeles Dodgers pitcher Clayton Kershaw to encourage you to talk to your doctor about cancer screenings. Early detection

of cancer can be lifesaving. Talk to your doctor to find out if you're a candidate for cervical, colorectal, breast, lung or prostate cancer screening tests, and take this important step to invest in your health.

For more information, go to: CoverYourBases.org

Preventing falls in older adults

Falls are the leading cause of injury among adults ages 65 and over. According to the Centers for Disease Control and Prevention, more than one-in-four older adults fall each year, and 20% of falls result in a serious injury. Despite their frequency, many falls can be prevented. Felicia Chee, MD, a UCLA internist in downtown Los Angeles, and John David Fernandez, MD, a UCLA internist in Beverly Hills, offer information about the causes, consequences and ways to prevent falls among older adults

Why are older adults at greater risk for falling?

“There are multiple causes,” Dr. Chee says. “They include age, underlying health issues, sedentary versus active lifestyle, cognitive abilities and environmental status.”

“A major factor influencing fall risk is polypharmacy – being prescribed many different kinds of medications for a variety of problems,” Dr. Fernandez adds. “These medications alone or in combination can cause dizziness, drowsiness or confusion.”

What kind of injuries can result when older adults fall?

“One of our chief concerns is fractures,” Dr. Fernandez says, noting that wrist and hip fractures are most common. More than 95% of hip fractures result from falls. “Head trauma, such as brain bleed or concussion, can also result and be quite serious,” he says. These injuries may start a cascade of events that lead to other health issues, as well as a loss of independence for the patient.

How can falls be prevented?

“One of the first things I do is review a patient’s medications to determine which ones contribute to fall risk and if any are no longer necessary,” Dr. Fernandez says. “The patient’s medical history, such as a history of dizziness or weakness, will also inform my decisions.” He instructs his patients to have their vision and hearing checked regularly, and he also checks his older patients for vitamin D deficiency and foot disorders, which are both associated with increased fall risk.

“Exercise is a great way to decrease the risk of falling,” Dr. Chee says. “Look for exercises that help with balance, strengthening and movement, such as Tai Chi.” She may refer patients to see a physical therapist to assess their gait.

Dr. Chee also recommends mitigating environmental risks. “This includes making sure there is good lighting around the home and that stairs all have handrails,” she says. “In the bathroom, install grip bars in the tub or shower and have a bathmat in the tub or a shower chair in the shower.”

Additional measures include removing tripping hazards, such as appliance wires and loose rugs, as well as clearing obstacles or clutter from the floor.

“It’s important for primary care physicians to have good relationships with their patients,” Dr. Chee says. “That allows the physician



Photo: iStock

to be familiar with the patient’s baseline health status. It also makes patients more willing to share information, such as having fallen in the past. Having a previous fall puts one at higher risk of subsequent falls.”



Felicia Chee, MD
Photos: UCLA Health



John David Fernandez, MD



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

Injuries among young athletes are on the rise

Most people may never have heard the term “sports specialization,” but for doctors who treat young athletes, it has become all too familiar, a reference to a focus on a single sport that can lead to serious injury. Recent data shows that youth sports specialization can be detrimental both physically and emotionally for athletes under age 18.

“We have the studies to show that the chance of serious musculoskeletal injury from repetitive microtrauma is increased at a time

when, due to normal adolescent growth, the body may be particularly vulnerable,” says UCLA orthopaedic surgeon Dr. Kristofer Jones. “The literature shows a clear correlation between training volume and intensity and injury risk.”

Dr. Jones defines sports specialization as intensive, year-round training in a single sport at the expense of participation in other sports. As a result, developing children are focusing on specific athletic skills, such as pitching, rather than playing a variety of sports and





“From a cultural standpoint, we have created an environment in youth sports where the definition of success is focused on the development of elite skills and winning opposed to focusing on the development of basic physical health.”

training to improve core physical principles, such as flexibility and balance. This has led to an increasing number of related injuries, Dr. Jones says.

The problem is not limited to baseball. Repetitive-stress injuries also are common in other high-velocity sports. In basketball, many players get “jumper’s knee,” or tendinopathy. Common football-related injuries include shoulder and knee ailments, and cross-country and track-and-field athletes may end up with bone-stress injuries from the constant heel strike on the pavement or from jumping.

To avoid overuse injuries, Dr. Jones recommends limiting overall weekly and yearly sports participation time, staying away from repetitive movement and providing scheduled rest periods. Even Major League Baseball has taken steps to help curb injuries in young athletes by providing a pitch-count guide on its website to help coaches and parents track how many pitches their athletes can throw daily.

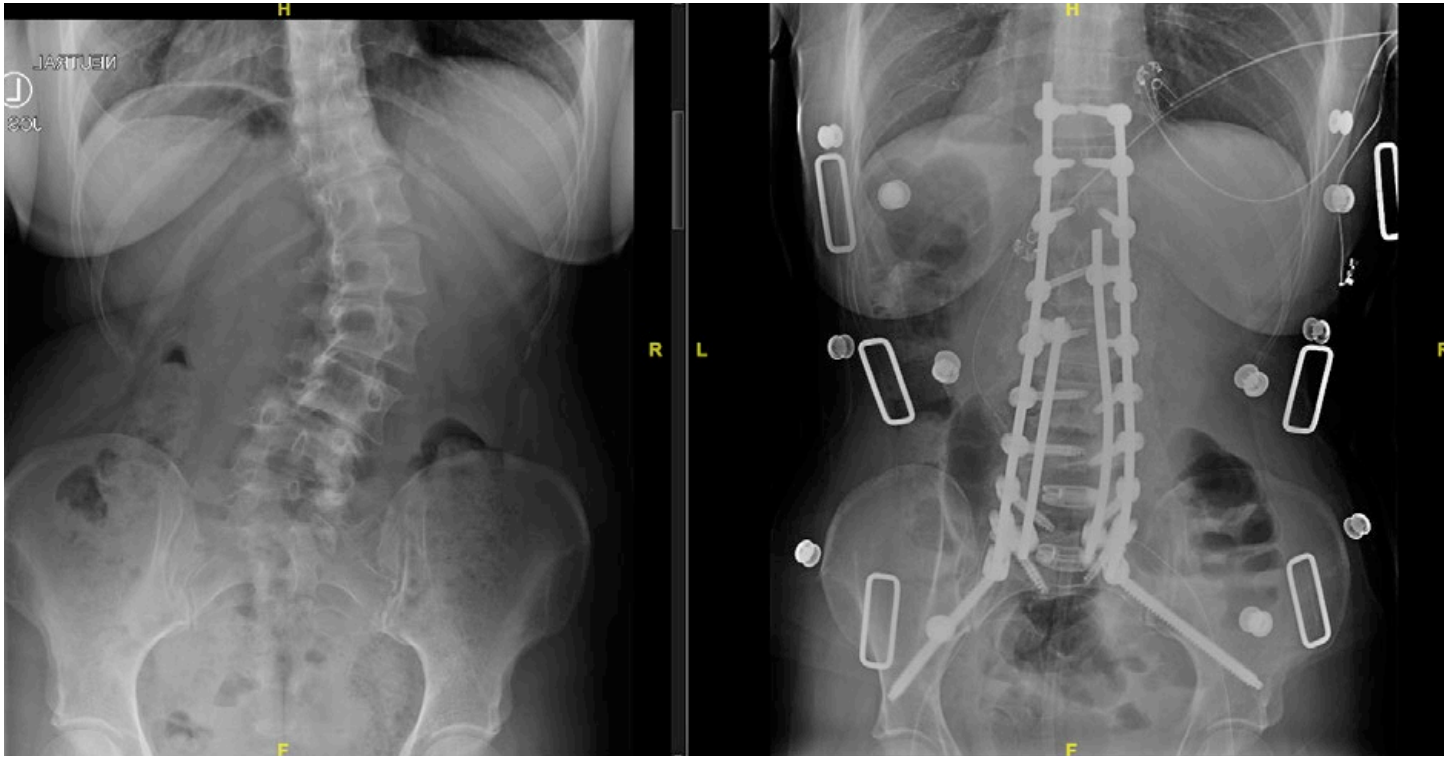
The exact cause of sports specialization injuries may vary, but a unifying factor is a desire and determination for the athlete to be great, whether that is being driven by the athlete, a parent or a coach. “From a cultural standpoint, we have created an environment in youth sports where the definition of success is focused on the development of elite skills and winning as opposed to focusing on the development of basic physical health,” says Dr. Jones, who is head team physician for the Los Angeles Lakers and a team physician for UCLA Athletics. Young athletes are attracted to the heightened sense of fame and celebrity that comes with being a famous athlete, and “parents and coaches often focus on developing the athletic potential they see through their selective lenses, and the attainment of success is often measured by winning or obtaining a college scholarship or professional contract, Dr. Jones says.

Young athletes today often are larger and stronger than in the past. “We are seeing kids with bigger and more developed bodies and better skill sets, but we have to find that balance so that we can allow them to train in a way that makes them better without placing them at such a high risk for injury,” Dr. Jones says. In addition, “we have to take into account the mental toll that comes along with specializing, as data shows it can lead to burnout as well.

“With proper education and a multidisciplinary approach, we can ultimately help all stakeholders find an appropriate balance for training that continues to help develop athletic skills, while also maintaining a safe and enjoyable environment.”



For more information about sports medicine at UCLA, go to: uclahealth.org/ortho/sports-medicine



Preoperative X-ray (left) and postoperative X-ray (right) after scoliosis correction

Photos: Courtesy of Dr. Andrew C. Vivas

Advances in spine surgery open the door to relief for a broader spectrum of patients

Major advances in spine surgery — from minimally invasive techniques to complex spinal deformity procedures — have opened the door for a much wider group of patients to receive care. Through a multidisciplinary collaboration of specialists in neurosurgery, orthopaedics and physiatry, the UCLA Spine Center is optimizing the care of patients who might not have been eligible for spinal surgery in the past.

“We can decrease their medication use after surgery and get them back to work quicker, and the outcome is often better.”

Minimally invasive spinal surgery has become an increasingly important part of the armamentarium, says Langston Holly, MD, co-director of the UCLA Spine Center. Minimally invasive spine surgery was initially developed for patients with degenerative disc disease, but over time techniques have evolved for patients with other spinal pathologies, including tumors and trauma. “Just as general surgery took large, open procedures and turned them into laparoscopic procedures with fewer complications and shorter hospital stays and recovery times, we have been able to do that with spine surgery,” Dr. Holly says. Often, patients are able to go home within a few hours after a surgery that would have previously required one or more nights in the hospital.

Dr. Holly notes that the minimally invasive approach is particularly important for spine

patients because many have been on pain medications and may be more sensitive to postoperative pain. “We can decrease their medication use after surgery and get them back to work quicker, and the outcome is often better,” he says. Another benefit of the minimally invasive approach is that it allows the surgeon to preserve supporting structures and maintain the integrity of the spine, reducing the chances of the patient needing additional surgery at a later time.

The UCLA Spine Center also includes expertise in highly complex adult and pediatric spinal deformities. “The quality-of-life impact that adult spinal deformity and degenerative conditions of the spine have on patients is huge, and it is underappreciated,” says Andrew Vivas, MD, assistant professor of neurosurgery.

The surgeries performed by Dr. Vivas and his colleagues have a low margin for error. Historically, Dr. Vivas notes, spinal-deformity corrections had unacceptably high rates of complications, including paralysis, and so the

“The quality-of-life impact that adult spinal deformity and degenerative conditions of the spine have on patients is huge, and it is underappreciated.”

surgeries were mostly avoided. But over the past three decades, the technology has greatly improved — in particular, the ability to closely follow the function of the spinal cord during surgery through intraoperative neuromonitoring and a variety of minimally invasive techniques used to augment the deformity surgery. “These are challenging cases, but if we’re able to do these surgeries safely and with low perioperative morbidity and rates of complication, we can dramatically improve patients’ quality of life, with significant improvements in pain, self-image scores, patient satisfaction, mental health scores and overall function,” Dr. Vivas says.

The significant advances in safety and outcomes have changed the eligibility calculus, to the point that large-scale spinal-deformity surgery is being performed on many patients well into their 70s and 80s, Dr. Vivas notes. Dr. Vivas also performs a substantial number of revision spine surgeries, another highly specialized procedure for patients who have in many cases suffered for years with their spines fused in a painful position. As with the other procedures, successful surgery requires the type of multidisciplinary approach featured at the UCLA Spine Center.



For more information about the UCLA Spine Center, go to:
uclahealth.org/spinecenter

Continued from cover

UCLA expands program to screen for diabetic retinopathy

Diabetic retinopathy is one of the most common complications of diabetes, and a leading cause of blindness, says Matthew Freeby, MD, director of the Gonda (Goldschmied) Diabetes Center and director of Diabetes Clinical Programs for UCLA Health. According to some studies, it affects 28.5% of diabetic patients age 40 years and older in the U.S. — about 4% of the entire U.S. population over age 40.

The American Academy of Ophthalmology recommends annual vision screening for people with diabetes. However, those visits sometimes fall through the cracks due to cost, access to care and other factors. An estimated one-half of people with diabetes do not get regular eye examinations.

“It is important for patients to get periodic eye screenings because that allows our doctors to assess for the risk of vision loss,” Dr. Freeby says. “If there is a risk, our ophthalmologists and specialists have tools to reduce the risk.”

To facilitate that regular screening, UCLA Health, with support of The Leslie and Susan Gonda (Goldschmied) Foundation, has expanded its use of retinal cameras in endocrinology and primary care clinics throughout the UCLA Health system to provide eye screenings to more patients. A retinal camera takes pictures of the interior of the eye; a patient sits at a desk and places an eye to a microscope-type device to record an image. The process is quick and painless, and it is covered by insurance. Patients with signs of retinopathy are referred for treatment. “We’ve placed cameras in primary care and endocrinology clinics with the goal of screening patients who are unable to see an eye doctor,” Dr. Freeby says. “They can undergo screening during a visit or stop by a

clinic for an eye check.”

One retinal camera has been in use at the Gonda (Goldschmied) Diabetes Center for about a year, and five additional cameras are now in UCLA Primary Care Physicians in Westwood, Century City primary care, Torrance endocrinology, UCLA Health Westlake Village primary and specialty care and UCLA Health Porter Ranch.

Patients have welcomed the screening, says Dianne Cheung, MD, a UCLA endocrinologist in Torrance. “Patients have found it extremely convenient to come for their diabetes follow-up,” she says. “Within minutes after their office visit, we can walk to a room with the retinal camera and get their imaging done by our clinical staff without having to wait for an ophthalmologist or optometrist visit. We receive the results that day, often within hours, and I can then notify the patient if the exam was normal or if they need to see an ophthalmologist.”

“We want to catch diabetic eye disease early to provide treatment and prevent progression,” says Maria Han, MD, chief quality officer for the UCLA Department of Medicine. “The retinal camera screening program is a win across the board for our patients, providers and care teams. It comes down to being able to provide high-quality, high-value care in a convenient way.”

A preliminary review of the program suggests it will reduce cases of vision loss, Dr. Freeby says. “We want to catch diabetic eye disease early to provide treatment and prevent progression,” he adds. “Anecdotally, we’ve captured a number of people with diabetic eye disease. I’d like to think we’re helping to reduce vision loss.”



For more information about the UCLA Gonda (Goldschmied) Diabetes Center, go to:
uclahealth.org/endocrinology/gonda-diabetes-center

COVID-19 brought a year of loss to everyone

No one was left untouched in this year of pandemic-wrought losses. More than 33 million Americans were sickened, and more than 590,000 died. Millions of jobs were lost, and school and home routines upended. Family gatherings were postponed or canceled. Social connections were fractured. “During this pandemic, there are folks who are on yachts, there are folks who are on boats, there are folks who are in canoes, there are folks who are on a raft and then there are people who are holding onto a log. But we are all adrift,” says UCLA social worker Gina Kornfeind, a support and bereavement coordinator for

the Pediatric Pain and Palliative Care team. Kornfeind and UCLA adult and child psychiatrist Jena Lee, MD, offer perspectives on weathering and emerging from this COVID-19 year of loss.

Why do the losses feel so profound, even for those of us who've managed to avoid illness?

Dr. Lee: “The losses we face are much deeper and more pervasive than many may think. What’s so hard to cope with in this loss is that it’s not just a loss of jobs and a loss of school days; it’s a kind of very ambiguous sense of loss that continues to accumulate.”

Why does the loss of routine, or even something as simple as missing a yoga class or book club, lead to such sadness?

Dr. Lee: “Almost everyone’s coping mechanisms are stifled — the things that we do to cope with our daily struggles, even if we don’t realize consciously that they’re coping mechanisms. Our sense of identity, of feeling fulfilled and of self-worth, is being cultivated in a lot of what we experience socially. So, without these activities, it’s not just the social support that’s lost, but it also can feel so overwhelming — and it is — because it takes a toll on our sense



“People are reflecting on the notion that loss of someone could be me, be my mom or be my brother. When we have these powerful, deep feelings about mortality, what do we do?”

of identity. These group activities that we had before COVID, they really serve to help us feel like we matter. It's not just the yoga that made yoga class fulfilling; it's the accountability, the group identity, the smiles we give and take and the encouragement we get from others. These seemingly mundane social interactions provide so much meaning to our lives and help sustain us.



Without them, it feels like something really important is missing.”

How has the past pandemic year affected our sense of mortality?

Kornfeind: “We're a fairly death-phobic society, but you can't avoid thinking about it anymore when you see it on the news every day.



People are reflecting on the notion that loss of someone could be me, be my mom or be my brother. When we have these powerful, deep feelings about mortality, what do we do? We get together and soothe each other. And when we can't, it really affects people. It almost starts to have us go into an existential dilemma of: What is happening? How do I matter? It's uncomfortable, but we can learn to talk about uncomfortable things and help each other by just being in that boat together.”

So how can we cope with all this loss?

Dr. Lee: “No matter what our roles are or how much we're suffering, the basic prescription is always the same: really focusing on sleep, nutrition and exercise.”

Kornfeind: “Having poor sleep can really bring about or compound depression and anxiety. Exercise is important, too. Regular movement — even walking counts — is key to well-being. Many studies have shown that exercise effectively boosts mood and can reduce depression. Having fresh air on our face and bodies along with possibly seeing neighbors or animals, even if at a distance, can help a great deal. It is the little things that can help us cope. And finding connection is critical — with ourselves through journaling or other introspective practices, and with our families and communities. Even if you can only connect digitally, finding your people who are good listeners, who are able to be there for you, who can really hear you, is so important.”

Dr. Lee: “If we don't practice these things with intention and create space for them, it's too easy to, just by default, get overwhelmed with what the media shows us — the losses and the numbers — and our stress day to day. But we can learn to take deliberate time to think about things we're grateful for and ways in which we can create meaning.”



Gina Kornfeind (top left) and Dr. Jena Lee
Photos: Joshua Sudock



For more resources to help support ongoing wellness during the pandemic, go to: calhope.semel.ucla.edu and standtogether.ucla.edu

To boost immunity, look to the gut



Immune function has been top of mind for many people during the pandemic, as a strong immune system can more readily fight pathogens such as the coronavirus. And while everyone knows that what we eat can affect our weight and energy level throughout the day, not everyone realizes the extent to which diet affects the immune system. “Seventy percent of the immune system is located in the gut,” says David Heber, MD, PhD, professor emeritus of medicine at UCLA Health. “Nutrition is a key modulator of immune function.”

Immune cells in the gut interact with the microbiome, the diverse array of bacteria and fungi that live in the gastrointestinal tract and are directly influenced by an individual’s diet and lifestyle. The foods we eat affect the diversity and composition of the gut microbiome, which in turn affects immune cells. Those gut bugs are healthiest and support strong immunity when we consume plant foods that are high in fiber.

“The microbiome and the immune system are critically intertwined,” says Jonathan Jacobs, MD, PhD, assistant professor in the Vatche and Tamar Manoukian Division of

Digestive Diseases and co-founder of the UCLA Microbiome Center. “What’s present in the gut determines what education immune cells get.”

Dietary diversity and microbial diversity go together, Dr. Jacobs says. The typical Western diet, which is high in animal proteins, sugar, processed foods and saturated fat, results in less-diverse gut bacteria and promotes inflammation and chronic disorders, he adds. A fiber-rich diet, on the other hand, supports the microbiome and reduces inflammatory response.

“Gut bacteria subsist on complex carbohydrates and fiber that our own cells are unable to digest,” Dr. Jacobs says. Those fibrous sources are plant foods, from apples and broccoli to yams and zucchini.

Carrying extra weight also affects immune function, says Dr. Heber, founding director of the UCLA Center for Human Nutrition. Fat stores, once thought to be inert tissue, actually secrete hormones and chemicals that stimulate inflammation. Medically known as adipose tissue, fat is now understood to be a “metabolically active endocrine organ,” says Vijaya Surampudi, MD. “Obesity affects

the immune system directly,” she says. The low-grade inflammation obesity stimulates is an immune-system response. Maintaining a healthy weight through a plant-based diet boosts the microbiome and the immune system.

Nutrition experts point out that it also is essential to consume sufficient protein to support our muscles. “We are doing our bodies a disservice when we do not have enough protein with each meal,” says nutrition specialist

“Seventy percent of the immune system is located in the gut.”

Michael C. Garcia, MD. Like fat, muscle is an endocrine organ that directly affects the immune system, he says, and muscle is made from protein. Dietary protein can come from animal products — wild-caught fish is an excellent source and is healthier than farmed varieties — but plant sources are better overall for the microbiome.

Other recommendations include eating seven servings a day of colorful fruits and vegetables; having protein at every meal; using healthy fats such as olive, avocado or canola oil and including such things as avocado slices on salads in place of dressing; and natural spices and herbs, which support gut-bug diversity, in food preparation.



For more information about UCLA Health nutrition programs, go to: uclahealth.org/clinicalnutrition

ASK THE DOCTORS

Is no pain, no gain the best approach to exercise?

“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.



Illustration: Maitreyee Kalaskar

DEAR DOCTORS: In fitness circles, one often hears the saying “no pain, no gain.” On the other hand, isn’t pain the body’s way of warning one to back off? Do you really need to push yourself to the point of pain for a good workout?

DEAR READER: You’re correct on both points. The idea of “no pain, no gain,” which actually dates back to the second century, became widely accepted as an exercise mantra at the start of the 1980s. That’s when Jane Fonda’s exercise video empire brought aerobics to the masses. (People of a certain age may also remember “feel the burn,”

a more moderate approach works best for the rest of us. When having this conversation with our own patients, we always refer to the part of the Hippocratic oath that states “do no harm.”

Note that when people talk about pain in relation to exercise, they’re actually referring to discomfort. It makes itself known in the burning sensation you feel in the muscles or lungs during exertion, and the fatigue that sets in when you push your limits. The burning occurs because your muscles’ need for oxygen exceeds the supply delivered in the blood; when that’s the case, they switch from aerobic to anaerobic

another popular phrase of the era.) And, yes, the sensation of pain is part of the body’s alert system. It instantly lets us know that something, somewhere, is amiss.

Elite athletes and hard-core fitness enthusiasts may continue to adhere to the “no pain, no gain” way of training. However, when the goal isn’t breaking records or winning medals but rather the pursuit of good health, we think that

activity, which doesn’t require oxygen. This leads to the formation of lactic acid, a byproduct of anaerobic respiration. The longer and harder you work while generating energy anaerobically, the greater the lactic acid buildup and the greater the burn.

Discomfort might also mean the stiffness and aches in muscles and joints that many people experience a day or two after a particularly vigorous or sustained workout. The delayed soreness is the result of microscopic tears in the muscles and nearby connective tissues.

The gain part of that discomfort is twofold. The accumulation of lactic acid plays a role in increased blood flow to the muscles, which helps with increased strength and endurance. Delayed soreness is believed to be a side effect of the healing process. It occurs as muscles repair themselves and emerge stronger than before.

Outright pain should never be part of your exercise routine. If you ever feel a sensation that goes beyond discomfort and firmly into the realm of pain — anything that’s sharp, stabbing or sudden — it’s a sign that something’s wrong. Stop what you’re doing so you don’t cause more damage. The same goes for post-exercise soreness or pain that becomes extreme enough that you are unable to lift or use a limb. You need to stop that activity until you’ve fully recovered or else risk injury.



Drs. Elizabeth Ko and Eve Glazier
Photo: Juliane Backman

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

Community Health Programs

JULY / AUGUST / SEPTEMBER 2021 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 Health Care Planning

Learn how to communicate your health care wishes to your family and friends, appoint someone as your surrogate decision maker and review health care decision-making documents. Dr. Neil Wenger leads the sessions, which center around filling out an advance directive to clarify decisions about end-of-life care.

When: Thursdays, Aug. 12 / 6 – 7:30 pm and Sept. 23 / 6 – 7:30 pm

Where: Teleconference session

Info & Registration: ACP@mednet.ucla.edu

DIABETES

Living with Type 2 Diabetes

These ADA-certified self-care classes will help you gain the skills, knowledge and confidence to successfully manage your diabetes. Physician referral is required. Covered by most medical insurance policies.

When: Wednesdays / 2 – 4 pm

1st Wednesday of the month: Introduction to diabetes
2nd Wednesday of the month: Nutrition for diabetes
3rd Wednesday of the month: Diabetes medications
4th Wednesday of the month: Reducing complications and problem solving

Where: Teleconference session

Info and Scheduling: 310-828-1050 or diabeteseducation@mednet.ucla.edu

INTEGRATIVE MEDICINE

Virtual Yoga Therapy

Yoga therapy blends gentle physical postures with breathing techniques and meditation. Practice from your home, office or outdoors; no mat needed.

When: Tuesdays and Thursdays / noon – 12:30 pm

Where: Teleconference session

Register: uclahealth.org/integrative-medicine

KIDNEY DISEASE

Monthly Chat with Dr. Rastogi and His Team

UCLA CORE Kidney Health Program presents our monthly chat with Anjay Rastogi, MD, PhD, professor and clinical chief of nephrology. Ask questions and learn about kidney disease prevention and management. Dr. Rastogi will discuss different kidney health topics, and patient advocates from the Circle of CORE will join the sessions. uclahealth.org/CORE-Kidney

When: Sunday, Aug. 1 / 5 – 6 pm; Wednesday, Sept. 1 / 5 – 6 pm; Friday, Oct. 1 / 5 – 6 pm

RSVP: tinyurl.com/rastogi-chat

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, Sept. 11 / 9 am – noon

Where: Teleconference session

RSVP: ucla.tremor@gmail.com

MULTIPLE SCLEROSIS

REACH to Achieve Program (ongoing)

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

Where: Marilyn Hilton MS Achievement Center

Info & Application: 310-267-4071

Free from Falls

This eight-week program on Saturday mornings is for people with multiple sclerosis who walk with or without a cane and may be at risk for falling. Learn about risks for falls, how to reduce those risks, and exercises to improve balance and mobility.

Where: Marilyn Hilton MS Achievement Center

Info & Application: 310-267-4071

PODIATRY

Bunions and Bunion Surgery

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

When: Tuesday, Jul. 20 / 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive the Zoom invitation

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. 17 / 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive the Zoom invitation

FEATURED EVENT

Integrative Medicine Wellbeing Webinars

Join experts from the UCLA Health Integrative Medicine Collaborative as they present each month on intriguing topics, such as diet and immunity, resilience, cannabis and health, and East-West approaches to pain management. Visit our website for up-to-date topic information: uclahealth.org/integrative-medicine

When: Wednesdays, Aug. 11, Sept. 8 and Oct. 13 / noon – 1 pm

Where: Teleconference sessions

Register: <https://uclahs.zoom.us/j/99670303710>



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

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. Below 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 COVID clinical studies at UCLA Health that are actively recruiting participants.

COVID-19: SARS Vaccination

Allergic reactions have been reported to occur after vaccination with both the Pfizer-BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine. Allergic reactions range from mild to severe and include life-threatening anaphylactic reactions, although no deaths have been reported with either vaccine. This study is designed with two principal aims: to estimate the proportions of systemic allergic reactions to the Pfizer-BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine in a high-allergy/mast cell disorder (HA/MCD) population, and if the risk in the HA/MCD is demonstrable, to determine whether the proportions are higher in the HA/MCD compared to a non-atopic population.

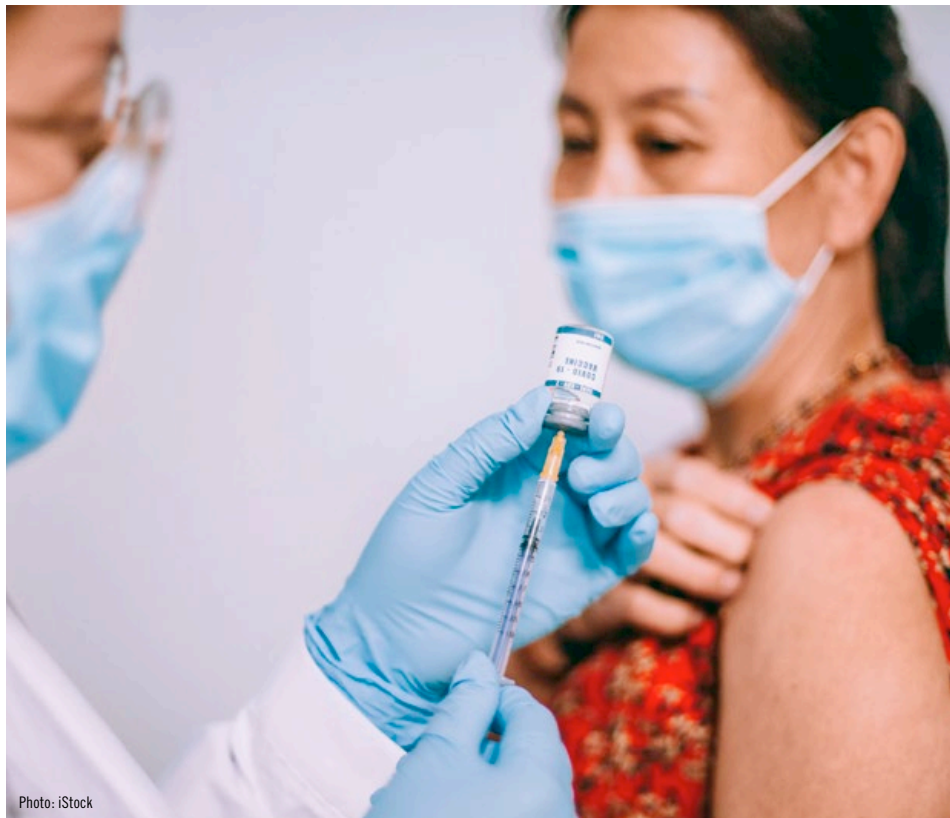


Photo: iStock

More open and active clinical studies:

- TRACE COVID-19 (Tracking Electrocardiographic Changes in COVID-19)
- Innovative Support for Patients with SARS-CoV-2 Infections (INSPIRE) Registry
- Early Detection of Health Improvement and Decline Through Remote Health Monitoring in COVID-19 Positive Patients and in those with known exposure of COVID 19
- Long-term, Follow-up, Study of Patients with COVID-19 Associated Pneumonia Who Participated in a Designated Genentech/Roche Sponsored Study or Genentech/Roche Supported Investigator-Initiated Placebo-Controlled or Active-Controlled Study
- Immune Modulators for Treating COVID-19
- Anti-thrombotics for Adults Hospitalized With COVID-19 (ACTIV-4)
- Surveillance of Respiratory Viruses in the Critically Ill: 2020-2021 IVY Network Surveillance Study
- The Safety of EIDD-2801 and Its Effect on Viral Shedding of SARS-CoV-2
- Adaptive Platform Treatment Trial for Outpatients with COVID-19 (Adapt Out COVID) - ACTIV-2/A5401
- NCI COVID-19 in Cancer Patients Study (N-CCaPS): A Longitudinal Natural History Study
- Phase I Study of the Safety and Pharmacokinetics of Human Convalescent Plasma in High-risk Children Exposed or Infected with SARS-CoV-2
- A Phase 2/3, Randomized, Double-blind, Placebo-controlled Study to Evaluate the Efficacy and Safety of Mavrilimumab (KPL-301) Treatment in Adult Subjects Hospitalized with Severe COVID-19 Pneumonia and Hyper-Inflammation
- Clinical Trial of COVID-19 Convalescent Plasma in Outpatients (C3PO)
- Assessment of Potential Risk Factors for 2019-Novel Coronavirus (SARS-Cov-2) Infection Among High-Risk Populations in Health Care and Emergency Service Settings
- A Phase 2/3 Single-arm, Open-label Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Efficacy of Remdesivir (GS-5734™) in Participants from Birth to < 18 Years of Age with COVID-19
- Understanding COVID-19 in Households (COVID-19 Household Transmission Study)
- Characterizing SARS-CoV-2-specific Immunity in Convalescent Individuals - HVTN 405/HPTN 1901
- Immunophenotyping Assessment In A COVID-19 Cohort (IMPACC)
- COVID-19 Surveillance in Healthcare Workers and Patients: Observational Studies from the Influenza Vaccine Effectiveness in the Critically Ill (IVY) Network
- Research Registry for Recovered COVID-19+ Patients
- COVID Evaluation of Risk for Emergency Departments (COVERED) Project
- A Phase 2b/3, Randomized, Double-blind, Placebo-controlled, Adaptive Design Study to Evaluate the Efficacy and Safety of Leronlimab for Patients with Severe or Critical Coronavirus Disease 2019 (COVID-19)
- An Observational Study Evaluating Viral Shedding and Development of Immune Responses in Mother-Infant Pairs Affected by COVID-19
- Compassionate Use of Leronlimab for Treatment of COVID-19 (SARS-CoV-2 Infection)
- Colchicine for the Treatment of Cardiac Injury in Hospitalized Patients with COVID-19 (COLHEART-19) Trial
- Donation of Convalescent Plasma from Patients Who Have Recovered from COVID-19
- Role of Children in the Transmission of SARS-CoV-2 in Households of Immunocompromised Persons
- Observational Cohort of Hospitalized Patients with COVID-19 at UCLA



For more information, including descriptions of active COVID-19 clinical trials at UCLA Health, please visit: uclahealth.org/covid-19-clinical-trials