Using 4D CT Imaging, Surgeons Locate Abnormal Parathyroid Glands Before Operating

Most people have four tiny parathyroid glands (PTs) in the neck that produce the hormone responsible for regulating the balance of calcium and phosphorous in the blood. If one or more PT glands becomes enlarged or overactive (hyperparathyroidism), it may be necessary to surgically remove the gland. UCLA is now one of the few centers in the country where experts are using 4D computed tomography (CT) to pinpoint the exact location of hard-to-find abnormal PT glands, enabling surgeons to perform more efficient procedures with excellent outcomes.

Continued on page 7
Health Tips for Parents

Health Tips for Parents offers useful, timely and important information from UCLA pediatricians and specialists for anyone raising a child or adolescent. Topics range from addressing concerns about cleanliness to what to do if a child has a mood disorder.

To subscribe to Health Tips for Parents, go to: uclahealth.org/enews

To read Health Tips for Parents online, go to: uclahealth.org/healthtips
Last year, 48-year old Marianne Angelo discovered that she was among the one-in-eight women in the United States who will develop breast cancer during her lifetime. Her diagnosis came as a shock; Angelo had no family history of the disease.

“I had been performing breast self-exams on a regular basis, as well as getting annual physicals. With the demands of being a single parent and working full time, going for my baseline mammogram unfortunately fell to low priority,” Angelo explains. “It wasn’t until I lost some weight when I discovered a smooth hardness in my left breast. I thought it was probably a cyst, as breast cancer wasn’t at all on my radar.”

When Angelo did go to the doctor, she was diagnosed with a type of breast cancer known as ductal carcinoma and opted to receive treatment at the UCLA Santa Monica Breast Center. During her first visit, she met with a team of breast-cancer specialists (breast surgeon, reconstructive plastic surgeon, medical oncologist and radiation oncologist) and received a personalized plan of care that included neoadjuvant chemotherapy to reduce the size of the tumor, a double mastectomy, breast-reconstruction surgery and radiation therapy. She was guided through the entire process by the center’s patient navigator, who serves as a single point-of-contact to assist with care coordination, planning, education and follow-up.

“Women newly diagnosed with breast cancer often feel frightened and overwhelmed,” says Robyn Dvorak, the center’s patient navigator. “It is a highly stressful situation, often made more stressful by having to meet with multiple doctors in multiple settings to get a plan of care in place. My role is to de-stress that situation by serving as a single point of contact to assist with care coordination, planning, education and follow-up.

“I was incredibly fortunate to have landed where I did because everyone involved in my case was amazing,” Angelo says. “My advice to any woman who has the misfortune of being diagnosed with breast cancer is to nurture a healthy attitude for what you are about to embark upon and believe in your team.”
Take Precautions to Protect Against Sun Damage in the Summer Months

While everyone knows about the importance of protecting the skin from the summer sun’s harmful ultraviolet rays, two UCLA dermatologists point out that many are not as diligent as they should be — either because they are not mindful of the long-term risks or because they are unknowingly failing to take all protective measures.

“The ultraviolet rays are strongest between 10 am and 2 pm, so if you’re going to be physically active outside, it’s always best to do it before or after this timeframe,” says Jenny Hu, MD, a UCLA dermatologist and skin-cancer surgeon who sees patients in Thousand Oaks and Westlake Village. It is also best to always seek shade, she adds.

Sunglasses and protective clothing are also important. Long sleeves and long pants, as well as a broad-brimmed hat, are recommended.

Just as sunscreen comes with sun protection factor (SPF) numbers (a measure of its ability to protect from the sun’s UVB rays, the type that cause sunburns and skin cancer), an ultraviolet protective factor (UPF) is now often attached to clothing made with fabric that shields from the harmful rays. As with SPF, the higher the number, the more protective it is.

Although fair-skinned people are at the highest risk for the damaging effects of the sun, everyone should take protective measures, says Melvin Chiu, MD, a UCLA dermatologist in Westlake Village and Thousand Oaks. “People with dark skin aren’t immune from the sun’s effects, including skin cancer,” notes Dr. Chiu, who also stresses the importance of protection even on cloudy days, since ultraviolet radiation will penetrate the cloud cover.

Drs. Hu and Chiu urge anyone going outside during the day to apply sunscreen of at least SPF 30 that is both water-resistant and broad spectrum to protect against both UVA and UVB rays — those that contribute to premature aging of the skin as well as those that can cause skin cancer. The sunscreen should be applied at least 15 minutes before going into the sun so it has a chance to settle into the skin. It is also important that it be applied correctly. “Too often people will just cover their face,” says Dr. Hu. “Sunscreen should be used on all exposed areas, including the neck, chest, hands, arms, legs, feet, ears for people with short hair, and scalp for people with a loss of hair or thinning hair.” Dr. Chiu adds that many people fail to use enough sunscreen. Covering all exposed areas typically requires an ounce, or about the equivalent of what would fit in the palm of the hand. It is also vital to reapply every two hours and immediately after swimming or sweating.

The cumulative effects of unprotected sun exposure include both cosmetic damage — early wrinkling, pigmentation and sunspots — and, more important, the risk of skin cancer. “I have many patients with multiple skin cancers who look back and wish they had been more diligent about their sun protection,” Dr. Chiu says. “I encourage younger patients to protect themselves so that they won’t face these problems down the road, and I tell these older patients that even if you’ve had a lot of sun exposure in the past, the effects keep adding up and so it’s never too late to be more vigilant.”
Sunscreen Is Not Just for Sunny Days

SPF 30+ sunscreen should be worn every day, even if the sun is not shining. Clouds only block 20 to 30 percent of UV rays.

What Does SPF Mean?

Sun Protection Factor is an estimate of how well the sunscreen will protect your skin from burning. The higher the number the better.

Protective Clothing

Use proper clothing, umbrellas and shade trees to keep out of direct sunlight. Add protection by wearing a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses.

If You Love Outdoor Activities

Use a water-resistant broad-spectrum UVA/UVB sunscreen with SPF of 30+. Reapply every two hours or immediately after being in water.

The 10-2 Rule

Even when you follow precautions, it is best to limit time in the sun during the hours of 10 am and 2 pm.

Avoid Tanning Beds

Visit a Doctor

If you see any unusual skin change, be sure to visit your dermatologist.
A Little Sweat Goes a Long Way to Help Seniors Stay Healthy

For seniors, even those with physical limitations, engaging in appropriate physical activity on a regular basis is a key to lowering the risk of hospitalization and disability.

Among its many benefits, taking part in sweat-inducing exercise approximately 30 minutes a day, five days a week, reduces the risk of falls, a leading cause of emergency room visits and decline in older persons. “Sometimes seniors are afraid to exercise because they fear that they might fall,” says Daina Danovitch, MD, a UCLA geriatrician and family physician. “But, in fact, the reverse is true. Aerobic and particularly strengthening exercises, done appropriately and carefully, improve balance as well as the ability to protect yourself if you begin to fall, reducing the injury associated with any fall that does occur.”

Regular aerobic exercise reduces hospitalizations and disability in a host of other ways, Dr. Danovitch notes, including lowering the risk of medical complications such as stroke, aneurysms and renal failure. It improves sugar control and insulin sensitivity for people with diabetes, combats the circulatory problems associated with peripheral vascular disease, and also is associated with improved mood and lower risk of depression.

Dr. Danovitch says an ideal exercise program for seniors combines aerobic exercise most days with at least two days a week of strengthening exercises. “Sometimes seniors are intimidated, thinking they are too weak or have medical conditions that prevent them from exercising,” Dr. Danovitch says. “But there is always a starting point that is comfortable, and then you can go from there — setting small goals and building up, little by little.” People shouldn’t feel they need to go to a gym or participate in guided exercises, she says, as
long as the aerobic activity involves an increase in heart rate and some sweating.

For seniors who are frail, armchair exercises — marching in place while seated, using light weights with the arms — can be a good place to start before embarking on walking on an even surface with comfortable shoes. The 30 minutes a day can be divided up rather than being done all at once, Dr. Danovitch notes.

Seniors with specific medical conditions can find ways to accommodate them, she adds. Those with diabetes might need to snack before exercise or talk to their doctor about adjusting their medication around exercise times. Individuals with arthritis might need to modify activities to go easier on certain joints. Those who have balance concerns may want to work with a chair or partner, or start with guided physical therapy as they build their strength and stamina. Seniors with a heart condition are advised to get medical clearance before embarking on an exercise program, but they, too, have much to gain from slowly building up their routine.

"I counsel my older patients that if they don’t use it, they’ll lose it,” Dr. Danovitch says. "The loss of muscle mass and strength from inactivity occurs much more quickly in seniors than it does in younger individuals. Any movement is better than nothing, and you go from there.”

To view a video about senior physical activities, go to: uclahealth.org/senioractivity

To view a video about 4D CT imaging for PT glands, go to: uclahealth.org/ptscanning

"When surgeons don’t know where to look for problem PT glands, the operations are longer, riskier and less likely to succeed," explains UCLA radiologist Ali Sepahdari, MD, who is refining the use of the 4D CT to locate abnormal PT glands.

Conventional techniques — ultrasound and nuclear — fail to locate PT abnormalities prior to surgery in approximately 20-to-30 percent of cases, according to Dr. Sepahdari. Although CT is also considered a conventional technology, it is being used in a novel way that has enabled experts to locate very small PT glands in more than 90 percent of cases.

"CT scanners and contrast are available everywhere," Dr. Sepahdari says. "It takes careful attention to detail to inject the contrast at just the right rate, scan the patient at just the right time and hone in on just the right anatomy," he adds. Although 4D CT uses approximately 25-to-30 percent more radiation than nuclear-medicine techniques, the risk for complications from radiation is still very low, according to Dr. Sepahdari, and his goal is to continue to reduce the radiation dose so that the technology is appropriate for use in more patients.

"We’ve been able to cure patients who otherwise would not have been cured,” says Avital Harari, MD, a UCLA endocrine surgeon. In most patients with hyperparathyroidism, only one of four glands is diseased and is sometimes missed during the first attempt at surgical removal, she explains.

“Treating PT disease can be tricky because surgeons may go in to remove the problem gland and can’t find it, or they remove one gland and discover later that more than one gland was abnormal,” Dr. Harari says. “Repeat operations are much harder because once you enter the neck surgically, you scar it. It is much more challenging and riskier to dissect within scar tissue.”

4D CT may be used in initial surgeries for patients in whom abnormal PT glands are not successfully located using conventional techniques or for patients who have thyroid disease, which makes ultrasound less accurate. The primary indication for the technology, however, is re-operative surgeries.

"4D CT is a game changer for re-operative cases,” says Michael Yeh, MD, who directs the Endocrine Surgical Unit at UCLA. "It has supplanted all other imaging techniques because it provides very high resolution and allows us to perform focused repeat surgeries with high cure rates,” he says. Dr. Yeh recommends that patients with PT disease seek out experienced surgeons to reduce the chance that repeat surgeries will be necessary.

"Barring that, if you have re-operative surgery, you really need this technology,” he says.
UCLA Health was selected to participate in the federal government’s Medicare Shared Savings Program as an accountable care organization (ACO) — created under the Affordable Care Act to help healthcare providers improve patient care and reduce costs. The ACO concept, advanced by the federal Center for Medicare and Medicaid Services, is now being used in other sectors, and UCLA is also participating in the Anthem Blue Cross PPO Enhanced Care Coordination ACO. Samuel A. Skootsky, MD, chief medical officer of the UCLA Faculty Practice and Medical Group, discusses what this means for UCLA Health and its patients.

What is an ACO?
ACOs are collections of groups of doctors, hospitals and other healthcare providers who come together voluntarily to give coordinated, high-quality care to their patients. The idea is to improve the quality of patient care and the overall patient experience while reducing costs through both enhanced care coordination and ensuring that we are providing evidence-based care — not too much, not too little. When an ACO succeeds in both delivering high-quality care and spending healthcare dollars more wisely, there may
be savings that can be shared with the health system. Patients may have lower out-of-pocket expenses with improved coordination of services.

How are these effects achieved?

Participating in this ACO challenges us to work together as providers and with our patients to reevaluate and redesign care. The Center for Medicare and Medicaid Services has established quality measures on care coordination and patient safety, the appropriate use of preventive health services, improved care for at-risk populations such as diabetics, and patient and caregiver experience of care. Many of these quality measures will eventually be reported on public websites, and this transparency is a strong motivator for change when needed. There is general agreement that in healthcare there has been a certain amount of waste — ordering tests that aren’t needed, for example — and a need to emphasize patient safety. The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary or duplicative services and preventing medical errors.

How is the patient experience improved through an ACO?

One way is by increasing the ability of patients to more fully understand and express their preferences for the care they receive, to help patients and their doctors make better choices. At the same time that we are standardizing care to make sure it is evidence-based and not wasteful, we are placing much more emphasis on patient preferences in developing those standards. Healthcare has traditionally been organized around the needs of doctors and hospitals. Now, rather than creating a care plan and telling the patient what’s going to happen, we’re designing plans that meet patient desires and also have the ability to respond to individual patient preferences. We are emphasizing shared decision making. In doing so, we believe the quality of care will improve, patients will be more satisfied and costs may be reduced.

What changes have taken place so far?

We have implemented our care-coordination model in the primary-care practices and we are now working to redesign care across the specialties. We have initiated programs to better understand the cost of care and to determine where there are opportunities to reduce costs and eliminate unnecessary services. We have also made large investments in expanding the primary-care network to improve access.

UCLA is one of the few academic medical centers to participate in the Medicare Shared Savings Plan by forming its own ACO. What was behind the decision?

In a sense, UCLA is an unusual participant in that we are not an independent group of doctors or hospitals getting together to do this. We have always practiced as an integrated group. And we have always emphasized coordinated, high-quality care. But we recognize that as an organization we can improve, especially as we are being challenged to do more for our patients while keeping the cost of care in mind. We see this as part of the future direction of healthcare, and we are excited to be in on the ground floor of these important changes.
Communication Between Patient and Physician Is Essential to Manage Medications for Chronic Conditions

People with one or more chronic conditions often are prescribed medications to manage their illnesses but may not be aware of the serious problems that can result if they don’t take the drugs as directed.

“A large percent of patients have questions about their medications,” says UCLA family medicine specialist Gerardo Moreno, MD. “One of most important things I can do for my patients is to provide clear information and instructions about their prescribed medicines, including the trade and generic name for each drug, its purpose and the potential for side effects or interactions with other drugs.”

He explains that when patients and their healthcare team do not communicate clearly about the purpose and appropriate use for each drug, patients may unintentionally misuse or overuse prescribed medicines. For example, some patients may see multiple providers for chronic illnesses and receive duplicate prescriptions for the same condition. Other patients may face difficulties paying for their medications and begin to skip or split doses as a way to manage drug costs.

At UCLA, primary-care physicians and their patients at highest risk for medication non-adherence may receive help with this process through the MyMeds program, currently available in 14 office locations in Westwood and Santa Monica and scheduled to expand soon to other locations. “It is not uncommon to see older patients and those with multiple chronic conditions being prescribed six or more medications,” explains Jeffery Fu, PharmD, BCPS, a clinical pharmacist with UCLA MyMeds. “There just isn’t time for physicians to thoroughly review so many medications during an average patient visit.”

MyMeds pharmacists spend 40 minutes in one-on-one consultation with new patients, with the goal of identifying potential barriers to medication adherence and taking steps to remove those barriers. Pharmacists continue to work with patients, in consultation with their physicians, during follow-up visits as necessary.

Information technology, including UCLA Health’s electronic health record, is also an important part of managing patient medications in both inpatient and outpatient settings. The electronic health record facilitates patient-provider communication about medication changes that may occur during or after hospitalization and features tools such as computerized physician-order entry to enable real-time communication among clinicians to ensure medications are being correctly prescribed and administered.

“We can verify right away if the drug ordered is appropriate according to evidence-based guidelines and check for potentially adverse side effects based on the patient’s medical history or tests taken while in the hospital,” says Jason Madamba, PharmD, a pharmacist at UCLA Medical Center, Santa Monica. “It’s a natural system of checks and balances.”

Patients also can access their personal medical records, communicate with their medical team and view and download their current medication lists through the online patient portal, myUCLAhealth. This access helps patients to keep an up-to-date list of their medications; such a list should be available in case of an emergency. Drs. Moreno, Fu and Madamba also recommend that patients bring medication bottles to scheduled visits, read their medication bottles carefully for instructions and warnings, and regularly discuss questions or concerns about prescribed medicines with their physicians or pharmacists. Patients should also ask their pharmacists about drug discount programs.
New Approach to Treating Children’s Asthma

Asthma is a chronic lung disease that, in young children, is often triggered by the common cold or other respiratory-tract infections. Traditionally, children with mild-to-moderate asthma are often prescribed anti-inflammatory drugs that must be taken orally or through an inhaler daily for several weeks or months to reduce asthma-related problems. For some of these children, a new treatment regimen may effectively control their asthma symptoms in less time.

“It’s not a new drug,” says Sande Okelo, MD, PhD, a pediatric pulmonologist at UCLA. “It’s a new way of using a traditional asthma medicine.”

The medicine, budesonide, decreases the number and severity of asthma attacks by reducing swelling and mucus production in the airways. The standard approach is for patients to take a daily, low-dose regimen of the drug (0.5 mg nightly) over an extended period of time to prevent asthma flare-ups after the onset of cold symptoms. A recent study, however, demonstrated that a twice-daily regimen of 1 mg taken over seven days only at the time of a cold was equally effective at reducing symptoms in children younger than 5 years of age.

“The majority of young children with asthma only have problems when they get a cold,” Dr. Okelo explains. “This new treatment approach may be very appealing to the parents of those youngsters because they will no longer have to keep up with giving their toddlers asthma medications every day for months on end.”

Some parents may also prefer the new regimen because they are reluctant to give their children inhaled steroids or to expose them to any type of medication for extended periods of time, according to Dr. Okelo. He emphasizes, however, that oral and inhaled asthma medications are safe for children, even when taken long-term.

The biggest disadvantage to the new treatment regimen, Dr. Okelo says, is that each dose is given through a nebulizer in the form of a mist inhaled into the lungs. This takes approximately 10 minutes to administer.

“The challenge for parents will be to get their toddlers to sit still for 10 minutes, two times per day for seven days,” Dr. Okelo explains. “Still our goal is to continue to identify targeted strategies that resonate with different parents for different reasons so that it will be much easier to get them to follow an effective asthma treatment plan that works for their child.”

Join Dr. Sande Okelo for an asthma webinar, July 30, 2014, at 11:30 am. To register, go to: uclahealth.org/asthmawebinar

UCLA Breathmobile Engages Schools and Communities

Although there is no cure for asthma, it can be effectively managed with appropriate prevention and treatment. For students who attend one of approximately 25 schools in the Long Beach Unified School District, the Mattel Children’s Hospital UCLA Breathmobile often represents the only source of access to diagnosis, treatment, medication and education for asthma management.

“Children with asthma do better when they have access to specialists,” says Maria Garcia Lloret, MD, a pediatric allergist and immunologist at Mattel Children’s Hospital UCLA. “Unfortunately, many low-income children don’t have access to asthma specialists and may also experience other barriers to care that are associated with poor outcomes.” Asthma is the leading cause of school absenteeism and a major cause of preventable emergency department visits and hospitalizations among children.

The RV-style mobile asthma clinic travels to Long Beach three times each week to see students at highest risk for asthma-related problems. The team performs appropriate tests, ensures patients have access to necessary medications and provides self-care education serving more than 1,000 students annually.
Community Health Programs

JULY, AUGUST, SEPTEMBER 2014 COMMUNITY HEALTH PROGRAMS
UCLA Health offers community programs and events to help our neighbors lead healthier lives through wellness education and the prevention of illness and injury. Scan the QR code on the left with your smartphone or go to uclahealth.org/calendar for more information.

BRAIN ANEURYSM / TRIGEMINAL NEURALGIA

Brain Aneurysm and Trigeminal Neuralgia Support Groups
Support groups are offered for family members and patients diagnosed with a brain aneurysm or trigeminal neuralgia.
When: Saturdays, July 19 and September 20 / 9:30 – 10:30 am for brain aneurysm; 10:45 – 11:45 am for trigeminal neuralgia
Where: 757 Westwood Plaza, Ste. 6236
Info: mrdemer@mednet.ucla.edu

CANCER

Heal Your Heart After Cancer
Author and bioethicist David Kessler, MA, a specialist in grief, loss and living fully after trauma discusses finding a stronger, richer life after cancer. He covers how to live life fully despite cancer and how to reduce fears of recurrence.
When: Tuesday, July 15 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Center
Info: (310) 794-6644

Lymphoma Treatment in 2014
A UCLA medical oncologist discusses the different types of lymphoma, standard treatment approaches and the expanding use of novel therapies. Topics will include recent research that is changing our understanding of the biology of lymphoma, new targeted treatments and exciting clinical trials.
When: Tuesday, August 12 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Center
Info: (310) 794-6644

Breast Cancer Treatment: Past, Present and Future
The newest information on breast cancer treatment, including refined molecular testing to better guide treatment, endocrine therapy, chemotherapy, the latest targeted therapies and how new treatment paradigms have evolved out of evidenced-based research studies.
When: Tuesday, September 9 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Center
Info: (310) 794-6644

PARKINSONIAN DISORDERS

Parkinsonian Disorders Support Group
Parkinsonian disorders support group meetings for progressive supranuclear palsy, multiple system atrophy, corticobasal degeneration and Parkinson’s disease. Learn about your condition, coping skills and available resources from multiple experts.
When: Fridays, August 1 & September 5 / 2 – 4 pm
Where: Ronald Reagan UCLA Medical Center
Info & RSVP: dwest@mednet.ucla.edu or (310) 206-2154

PODIATRY

Heel and Ankle Pain
Gary Briskin, DPM*, will discuss plantar fasciitis, arthritis, tendinitis and tendon tears.
When: Tuesday, August 12 / 5:45 – 6:45 pm
Where: 2121 Wilshire Bl, Ste 101, Santa Monica
RSVP: (310) 828-0011 (date subject to change)

Ankle Arthritis and Ankle Replacement
Bob Baravarian, DPM*, will discuss the latest advances in conservative and surgical treatment of foot and ankle arthritis.
When: Tuesday, September 9 / 5:45 – 6:45 pm
Where: 2121 Wilshire Bl, Ste 101, Santa Monica
RSVP: (310) 828-0011 (date subject to change)

HAIR RESTORATION

New Advances in Hair Restoration
Jeffrey Rawlsley, MD*: head and neck surgeon, will present a live demonstration of the latest techniques to re-create a natural hairline.
When: Wednesday, September 10 / 7 – 8 pm
Where: 200 UCLA Medical Plaza, Ste 550
RSVP: (310) 570-0244

FEATURED EVENT

RHEUMATOLOGY — What Every Rheumatology Patient Needs to Know
This half-day workshop will present information about integrative treatment options for the management of arthritis, fibromyalgia and connective tissue disorders.
When: Saturday, September 13 / 9 am – 12:30 pm
Where: Auditorium at UCLA Medical Center, Santa Monica, 1250 16th St
Cost: $50 per person; $40 for students, seniors, UCLA staff and UCLA 50-Plus Members
RSVP: (310) 582-6355 or sssanchez@mednet.ucla.edu

TEENS / YOUNG ADULTS

Life After Pediatrics for Teens and Young Adults with Chronic Medical Conditions
This free seminar addresses transitional-care issues for teens and young adults with chronic medical conditions. Topics include living independently with chronic illness, parenting challenges and medical-legal issues. Spanish interpretation will be available.
When: Saturday, September 27 / 8:30 am – 12:30 pm
Where: Auditorium at UCLA Medical Center, Santa Monica, 1250 16th St
RSVP: uclalifeafterpediatrics.eventbrite.com or (310) 267-9648

DID YOU MISS A LECTURE YOU WANTED TO ATTEND? You can find videos of some of our past lectures by going to uclahealth.org/programvideos. Learn about hyperbaric medicine, urinary incontinence, mindful awareness or sleep disorders.
UCLA HEALTH 50-PLUS IS A PROGRAM offering educational lectures, a walking program, information on community and health resources, membership amenities, a free community flu shot clinic, and special events. To sign up as a member, call (800) 516-5323.

WEBINARS ON DEMAND If you missed one of our UCLA MDChat Webinars, visit our Webinars On Demand library to view programs led by UCLA physicians. For more info visit: uclahealth.org/uclamdchat
Knee Osteoarthritis
UCLA physical therapist Joan Vicente, PT, DPT, OCS, will focus on how people can improve their health, well-being and mobility with self-management and positive lifestyle modifications.
When: Tuesday, August 19 / 2 – 3:30 pm
Where: Westside Family YMCA, 11311 La Grange Av, Los Angeles
RSVP: (800) 516-5323

Understanding Medicare
Learn what Medicare covers, what it doesn’t and how to fill in the gaps.
When: Tuesday, August 19 / 7 – 8:30 pm
Where: The Santa Monica Synagogue, 1448 18th St
RSVP: (800) 516-5323

Arthritis of the Hand
UCLA occupational therapist Adrienne Spelyng, OTR/L, CHT, will address conservative management techniques as well as adaptive devices to maintain independence during daily activities.
When: Tuesday, August 26 / 7 – 8:30 pm
Where: The Santa Monica Synagogue, 1448 18th St
RSVP: (800) 516-5323

Getting Active with Arthritis
Erica Romblom, MD, UCLA internal medicine physician, will discuss how physical activity can help to reduce pain and improve function, mobility, mood and quality of life for those with osteoarthritis.
When: Wednesday, August 27 / Noon – 1:30 pm
Where: Santa Clarita Family YMCA, 26147 McBean Pkwy, Valencia
RSVP: (800) 516-5323

Just Us Girls!
Maintaining pelvic health can be challenging as we age. Loss of mobility and other health issues can sometimes mask symptoms and complicate treatment. Leena Nathan, MD, UCLA gynecologist, will discuss the causes and latest treatments for common conditions, including vaginal prolapse and incontinence.
When: Thursday, August 28 / 2:30 – 4 pm
Where: Sunrise of Westlake Village, 3101 Townsgate Rd
RSVP: (800) 516-5323

Dementia Medications: What Caregivers Need to Know
Sarah Moura, MD, UCLA geropsychiatrist, will review the benefits and side effects of common dementia medications.
When: Monday, September 8 / 6:30 – 8 pm
Where: OPIA, 11759 Missouri Av, Los Angeles
RSVP: (800) 516-5323

Thyroid Update
Learn about common thyroid disorders, symptoms, diagnosis, treatments and the importance of a healthy thyroid.
When: Tuesday, September 9 / 2:30 – 4 pm
Where: Sunrise of Santa Monica, 1312 15th St
RSVP: (800) 516-5323

Sleep Update
UCLA sleep specialist Ravi Aysola, MD, will discuss healthy sleep habits and treatments of common sleep disorders.
When: Thursday, September 11 / 6 – 7:30 pm
Where: Pico Branch Library, 2201 Pico Bl, Santa Monica
RSVP: (800) 516-5323

High Blood Pressure and Cardiovascular Health (IN SPANISH)
Lowering high blood pressure can decrease the chances of bad health outcomes. Lucas Restrepo, MD, UCLA neurologist, and Martin Cadeiras, MD, UCLA cardiologist, will explain why early detection and treatment are so important.
When: Thursday, September 11 / 7 – 8:30 pm
Where: Santa Monica Bay Woman’s Club, 1210 4th St
RSVP: (800) 516-5323

Tips for Staying Healthy
UCLA internal medicine physician Hyunah Poa, MD, will discuss ways to prevent disease, early detection and treatment of asymptomatic disease, and how to prevent complications and decline in known illnesses.
When: Monday, September 15 / 7:30 – 9 pm
Where: Annex Building at Westchester Family YMCA, 8020 Alverstone Av
RSVP: (800) 516-5323

Better Body, Better Bones
This demonstration workshop will focus on resistance strength work to help build stronger bodies and bones using isometric exercise.
When: Wednesday, September 17 / Noon – 1 pm
Where: YWCA Santa Monica/Westside, 2019 14th St
RSVP: (800) 516-5323

Events in gold are offered near our UCLA offices in Pasadena, Porter Ranch, Redondo Beach, Thousand Oaks, Torrance and Westlake Village.
Research and Trials

UCLA conducts research for a wide range of medical disorders. Go online to learn more information about opportunities to participate in research and clinical trials at uclahealth.org/calendar.

Traumatic Brain Injury Study
UCLA researchers are seeking participants with a history of brain trauma to determine differences in brain structure and cognitive abilities. This study involves two to three visits; subjects will be compensated for travel and participation and will receive clinically relevant results of their assessments.

Info: (310) 206-1319

Vulvar Pain Study
Women between the ages of 18 and 55 diagnosed with vulvodynia or vestibulodynia, or those who experience chronic pain at the opening of the vagina or surrounding area with or without intercourse, are wanted for a clinical study to help understand the physiology and genetic makeup of this chronic pain condition. Volunteers will be paid up to $130 for participation, which includes a pelvic and neurosensory pain screening and an MRI.

Info: (310) 825-5255 or uclaobgynresearch@mednet.ucla.edu

Menstrual Irregularities and PCOS Study
Women with a BMI between 18.5 and 25 both with and without Polycystic Ovary Syndrome (PCOS) are being sought for a research trial. Must be Caucasian and non-Hispanic, between the ages of 18 and 35, and have not used hormones for the past three months. Participants will receive extensive free medical testing, including blood hormone measurements, diabetes screening, and ovarian and fat assessment (a small amount of fat will be removed from the abdomen). Participants with PCOS will take oral Flutamide or a placebo for six complete 28-day cycles. Women without PCOS can earn up to $300; women with PCOS can earn up to $840.

Info: (310) 825-0580 or uclaobgynresearch@mednet.ucla.edu

Memory Enhancement Training or Yoga for Older Adults
For those who are suffering from memory loss, concentration difficulties, or lack of energy, UCLA is conducting a six-month research study comparing a 60-minute weekly memory enhancement training course to yoga meditation. If you are 55 years of age or older and not currently receiving any psychiatric treatment, you may qualify. Medical and psychiatric evaluations and limited physical exams are provided as a part of the study. Participants will undergo a complete psychiatric evaluation and two functional magnetic resonance imaging (fMRI) scans. Participants will be compensated.

Info: (310) 983-3375 or (310) 794-4619

Treating Fibroids with Radiofrequency Energy
Researchers at the UCLA Department of Obstetrics and Gynecology are conducting a study of an FDA-approved outpatient fibroid treatment (the Acessa device) that uses radiofrequency energy to destroy fibroid cells. If you have fibroids that cause heavy bleeding, pelvic pressure or other symptoms, you may be eligible to receive this treatment and up to $180 in gift cards for participating in the study.

Info: (310) 794-9652 or uclaobgynresearch@mednet.ucla.edu

Family-Focused Treatment for Childhood OCD
This research study for children 8 to 17 years of age with OCD is studying family involvement in non-medication cognitive-behavioral therapy. Eligible participants will receive 14 weeks of free treatment with cognitive-behavioral therapy.

Info: (310) 206-1350

Geriatric Depression
The UCLA Geriatric Psychiatry Program is conducting an early-phase 12-week research study to compare the effects of two FDA-approved medications, Vilazodone and Paroxetine, for the treatment of geriatric depression. This study is for those 60 years and older who are suffering from feelings of depression, sadness, hopelessness, memory loss, concentration difficulties, lack of energy, or loss of interest and pleasure in activities. A complete psychiatric evaluation will be provided, and all participants will be given one of the two study drugs. Subjects will not be charged for participation and will be compensated.

Info: (310) 983-3375 or (310) 794-4619

Childhood Anxiety Study
This research study is investigating the usefulness of a novel computer-based attention training treatment for childhood anxiety. We are seeking help from parents and children ages 8 to 17 years with social anxiety, generalized anxiety and separation anxiety. Participation involves EEG recordings and eight weeks of a non-medication attention training treatment. Parents of eligible study youth are also asked to participate in similar attention training treatment to study how their participation may improve their child's anxiety.

Info: (310) 825-2064

Childhood Obsessive Compulsive Disorder Study
A novel computer-based attention training treatment is being studied for its usefulness in treating childhood OCD. We are seeking help from children ages 8 to 17 years with OCD for EEG recordings and four weeks of a non-medication attention training treatment.

Info: (310) 825-2064

Maternal Anxiety Study
Mothers who worry excessively or suffer undue stress or shyness may be eligible to participate along with their children in a study of how anxiety affects families. Mothers must have a child 8 to 15 years of age with whom they have lived for the past six months and be able to complete questionnaires in English or Spanish. Mothers and children can earn $80 for participating in a one-visit study at UCLA. You and your child are asked to complete questionnaires and perform a few tasks together while we collect data on the child's heart rate and breathing. Interested families may be provided with clinical referrals.

Info: (310) 825-2701

IUD Research Study
Join a study to evaluate the endometrium (uterine lining) of both solid organ transplant patients and normal, healthy women before and after IUD placement. Women ages 18 to 45 years who are interested in using an IUD as their form of contraception and are not pregnant are needed. Participation involves blood tests, uterine lavage, endometrial biopsy, and completion of a bleeding diary and questionnaire. The study involves two office visits over four to six weeks. Participants may receive up to $300 and parking is included.

Info: (310) 825-5961 or uclaobgynresearch@mednet.ucla.edu
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or contact Brian Loew, Director of Development, Patient Programs, at (310) 794-7620

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