Revised Cholesterol Guidelines May Lead to More People Benefitting from Drug Therapy

Up to a third of adults in the United States may benefit from cholesterol-lowering statin medications to prevent heart disease and stroke, according to new guidelines established by the American Heart Association and the American College of Cardiology. The goal of the new guidelines, experts say, is to shift the criteria for treatment away from a narrow focus on cholesterol levels only toward a broader focus on the patient’s overall 10-year cardiovascular disease (CVD) risk.
Helping U Help Your Community

The public will have the chance to vote beginning January 12 in the “Helping U Help Your Community” contest to select five projects that aim to transform health in the Los Angeles region. Each winning project will receive $20,000 in start-up funding to support its efforts. This online competition to fund community-partnered, academic research or service-learning projects is promoted by UCLA Health and the David Geffen School of Medicine at UCLA to address the most critical health needs of Los Angeles residents in innovative and effective ways. The contest also aims to showcase UCLA faculty and community partners who devote their careers to identifying creative solutions to some of the most challenging barriers to good health.

Dean Ornish Program for Reversing Heart Disease Offered at UCLA

UCLA is the only center in Southern California to offer a program that aims to reduce, or reverse, atherosclerosis — blocked arteries that supply blood and oxygen to the heart — and in so doing cut down on the incidence of heart disease. While traditional cardiac-rehabilitation programs primarily address lifestyle education and exercise to help patients get back on track after a heart event, the Dean Ornish Program for Reversing Heart Disease also focuses on the experience of nutrition, stress management and social support to create a broadly integrated and more intensive approach. The program meets twice a week for nine weeks and is covered by most insurance.

UCLA Health and Covered California

UCLA Health is participating in the Covered California health-insurance-exchange marketplace. To find out about how to select a plan that includes a UCLA doctor, go to: uclahealth.org/coveredca or call 1-800-UCLA-MD1 (1-800-825-2631).
New Program Helps Women Recognize, Manage Heart Disease

Heart disease is the leading cause of death among women in the United States, yet it remains understudied, undertreated and undermanaged in women, UCLA experts say.

The newly established UCLA Women’s Cardiovascular Center aims to reverse that trend through research, clinical care and education for women with or at risk for heart disease.

“The lack of information about heart disease that is tailored specifically for women is shocking,” says cardiologist Karol Watson, MD, director of the center. That is a significant problem because certain heart-disease risk factors, such as stress, anxiety, depression, diabetes and obesity, affect women more than men. The symptoms of heart disease may also go undiagnosed in women, Dr. Watson explains.

“Women are more likely than men to experience a specific type of heart pain related to microvascular dysfunction that is not easily detected by standard tests,” she says. But there is also good news for women. “Healthy lifestyle habits seem to be more beneficial to women than men. Exercise is good for everyone, but great for women.”

The UCLA Barbra Streisand Women’s Heart Health Program, endowed by the Streisand Foundation, is a key component of the UCLA Women’s Cardiovascular Center. The program provides community outreach and education to empower women to pursue better cardiovascular health. Community events include lectures and cooking demonstrations to help women understand the risk of heart disease and achieve a healthier lifestyle.

The UCLA Women’s Cardiovascular Center offers comprehensive cardiovascular healthcare services in a single location. Services include cardiovascular health assessments, prevention and counseling; cardiac diagnostic, management, treatment and rehabilitation services; and a women’s heart disease support group. The focus is to integrate the most recent advances in cardiovascular research and medicine, with a specific focus on women.

Services

- Arrhythmias
- Complex coronary artery disease
- Heart disease in pregnancy
- Heart failure
- Hypercholesterolemia or Hyperlipidemia
- Hypertension
- Rheumatic heart disease
- Valvular heart disease
- Vascular disease

UCLA Women’s Heart Center
100 UCLA Medical Plaza, Suite 630
Los Angeles, CA 90095
100 Moody Court
Thousand Oaks, CA 91360

Appointments and referrals:
(310) 825-9011
heart.ucla.edu/womenshearthealth
Constellation of Conditions Can Negatively Affect Female Athletes

“Through education about proper nutrition, female athletes can restore a positive energy balance, often without having to decrease their exercise.”

In some cases, the athlete’s unhealthy obsession with being thin to better compete in her sport may require psychological treatment if she shows signs of developing a clinical eating disorder or disordered eating, says Dr. Nattiv, who recently helped to develop national treatment guidelines for the syndrome. Although the triad was once associated with disordered eating, it has become apparent that many female athletes with the condition simply aren’t eating properly for the amount of exercise they are undertaking. These athletes can be in chronic energy deficit, but may not have the psychological concerns. They are more likely to change their behavior if given proper education. For such athletes, Dr. Nattiv notes, treatment focuses on education and guidance on how to replenish energy stores with a healthy diet and bone-building nutrients.

“Through education about proper nutrition, female athletes can restore a positive energy balance, often without having to decrease their exercise,” Dr. Nattiv says. “This can usually be done without prescription medications.” For many female athletes, Dr. Nattiv adds, the improved nutrition and often increased calorie intake may restore normal menstrual cycles and prevent declines in bone-mineral density that can lead to osteoporosis and injury risk, such as stress fractures. In rare cases, medication may be needed.

Dr. Nattiv has urged physicians to be more vigilant in asking female athletes about their menstrual cycles and nutrition when seeing them for a stress fracture or other bone injury. For young female athletes and their parents, she emphasizes the connection between nutrition and bone health, especially among adolescents and young adults.

“Younger athletes are still forming bone, which is why this is such a critical time,” Dr. Nattiv explains. “If they aren’t getting adequate nutrition for energy, it can affect their attainment of peak bone mass for the rest of their life.”

In addition to stress fractures, triggers for further evaluation in female athletes include weight loss, disordered eating, obsession with being thin and irregular menses, Dr. Nattiv notes.

Female athlete triad is a syndrome of three interrelated conditions that can affect physically active girls and women and requires early detection and treatment to prevent serious complications.

The condition is most common in girls and women who engage in endurance sports or in sports in which being lean is considered an advantage. It involves three components: energy deficiency with or without disordered eating, menstrual dysfunction and low bone-mineral density.

“This is a more common problem than many people realize,” says Aurelia Nattiv, MD, a UCLA family and sports-medicine physician and director of the UCLA Metabolic Bone and Osteoporosis Center in Santa Monica. “Often, inadequate nutrition is the triggering factor, and it can set off a metabolic cascade resulting in menstrual problems, such as amenorrhea, and ultimately poor bone health if the problem is not identified and treated early in the process.”
What Is the Female Athlete Triad?

The female athlete triad is a syndrome of three interrelated conditions that exist on a continuum of severity, including:

**Energy Deficiency with or without Disordered Eating**

An energy deficiency is an imbalance between the amount of energy consumed and the amount of energy expended during exercise. Often, this can involve a conscious restriction of food intake, problems with body image and a high drive for thinness. Sometimes, these conditions can lead to disordered eating or more serious eating problems, such as anorexia or bulimia.

**Menstrual Disturbances/ Amenorrhea**

The most serious menstrual problem associated with the triad is amenorrhea, defined as no menstrual period for three months or more. However, athletes who have irregular menstrual cycles are also susceptible to the effects of the triad.

**Bone Loss/Osteoporosis**

Women with the triad are at higher risk for low bone mass leading to weakened bones, called osteoporosis in its severe form. This type of bone loss can cause an increased risk of fractures, including stress fractures.
Groundbreaking MRI-Guided Radiotherapy Opens Window to See Cancerous Tumors in Real Time

As home to the first MRI-guided radiotherapy system in the western United States — and one of only three locations in the world — UCLA physicians in the Department of Radiation Oncology have an unparalleled ability to see and accurately target cancerous tumors, while making immediate adjustments to treatment delivery.

This technological advance addresses a longstanding challenge for radiation oncologists, enabling them to see the targeted tumor and the surrounding healthy tissue during treatment and to ensure that the radiation beam stays within desired margins as tumors or organs move.

Known as ViewRay, the technology combines continuous magnetic resonance imaging (MRI) with radiation therapy for cancer patients. It was approved by the U.S. Food and Drug Administration in 2012 for clinical use. “The ability to image in real time with high-quality MRI during therapy is new and a game-changer in all aspects,” says radiation oncologist Percy Lee, MD.

MRI is the preferred method for imaging soft tissue because it can produce a clearer, more detailed view of internal organs than computed tomography (CT) without the radiation exposure associated with CT. In areas of the body such as the abdomen, pelvis and breast, MRI allows physicians to more easily differentiate a tumor from healthy tissue, and is especially useful for mobile tumors, which often change position.
Revised Cholesterol Guidelines May Lead to More People Benefitting from Drug Therapy

"Previous guidelines called for the use of statins based on arbitrary cholesterol numbers that were not entirely consistent with results from clinical studies," explains UCLA cardiologist Karol Watson, MD, a co-author of the new cardiovascular prevention guidelines. "We scoured the literature and found that by basing treatment recommendations on overall CVD risk, we could benefit more people."

The previous guideline recommended that people take statins only if their 10-year heart disease risk exceeded 20 percent. It did not consider risk for stroke. The new guideline recommends statins for people who have not been diagnosed with CVD but who are 40-to-75 years old and have a 7.5 percent or higher 10-year risk for heart attack or stroke or have type 1 or type 2 diabetes. People with a history of CVD or with very high levels of bad cholesterol should also consider taking statins. Other personal risk factors and habits should also be considered in determining the best course of treatment, according to Dr. Watson.

"Lifestyle changes such as diet, exercise and smoking cessation always remain a foundation of therapy," Dr. Watson says. "But when individuals have multiple risk factors and high overall CVD risk, medication strategies are proven to be most effective in reducing risk for heart attack and stroke."

By expanding the number of at-risk people who are taking statins, many of the 1.5 million heart attacks and strokes that occur in the U.S. each year could be prevented, and CVD events could be reduced by 30- to 50 percent in the coming decades, says cardiologist Gregg Fonarow, MD, co-chief of the UCLA Division of Cardiology.

"Many people who have heart attacks or strokes lead healthy lifestyles and are not overweight or obese, but they are still at risk," Dr. Fonarow says. He says that some people may be falsely reassured by cholesterol numbers that fall within a certain range and may be reluctant to assess the benefits relative to the risks of beginning statin therapy. He recommends that individuals evaluate their risk using an online CVD risk assessment tool and then discuss the information with their physicians to facilitate better decision making.

"Many individuals who never expected to have a heart attack or stroke wish in retrospect that they could go back in time to make better decisions," Dr. Fonarow says. "Patients have a real opportunity to be proactive by assessing their CVD risk and taking control of their health."
In September, the U.S. Food and Drug Administration approved a new drug for treating advanced melanoma. The medication is the first in an exciting new class of cancer therapies known as programmed cell death inhibitors. Antoni Ribas, MD, a UCLA oncologist, was the principal investigator on the study of pembrolizumab (Keytruda) that led to its approval. Dr. Ribas describes the significance of the new medication.

What is pembrolizumab, and how does it work?

It’s the first member of a new class of cancer therapeutics that works by releasing a brake to the immune system. The immune system can recognize and attack the cancer, but there’s a leash on it because our evolution has decided that we don’t want the immune system attacking normal organs. The cancer hides behind that mechanism by expressing a protein called PD-L1, which limits an immune response. We disable this break, and then the immune system can attack the tumor.

Have researchers been working on this idea for a long time?

The concept of taking off the brakes to the immune system has been around for about 20 years. It led to the first antibody that was approved for treating melanoma, called ipilimumab or Yervoy, which was licensed four years ago. That drug provided the proof of concept, but it was not that effective and there were side effects in patients. With pembrolizumab, we get better responses and fewer side effects. So the concept was started with ipilimumab, but now we have a better target.

How effective was the drug in your clinical trial?

One-third of the patients with metastatic melanoma responded to this agent alone. Another third had some tumor shrinkage, but not enough and the disease eventually...
progressed. Other immunotherapies like interleukin-2 and interferon could lead maybe one-in-20 patients to live a normal life, but with pembrolizumab, we’ve elevated the benefit to those one-third of patients who will respond well to the treatment. We also found that it benefited patients whose cancer had spread anywhere in the body. All of the cancer is held under control. If you get an immunotherapy that works really well, it can work all over.

**What about side effects?**

Side effects occurred in 12 percent of study patients. For any cancer therapy, that’s a low frequency of side effects. But there have not been any toxic deaths with this therapy, and it has been tested in more than 600 patients.

**Why is an alternative to traditional cancer therapies important for patients with melanoma?**

Immune modulators like pembrolizumab are being developed in melanoma because we’ve known for many years that melanoma doesn’t respond well to chemotherapy, radiation therapy, hormonal therapy and the standard treatments we have for cancer. Melanoma was the cancer where none of these things worked. But occasionally patients did well when they received some kind of an immune stimulant, such as a vaccine or a drug like interferon or interleukin-2. Both interferon and interleukin-2 were approved for the treatment of melanoma, but they all had low activity and a lot of side effects. The problem was that we were trying to turn on the immune system against the cancer. What we realized afterward was that we needed to take off the brakes instead of trying to turn it on. So that’s where ipilimumab and pembrolizumab come in.

**Will we see other PD-1 inhibitors?**

Pembrolizumab is the first one of at least eight in clinical development right now that work on the same pathway. This class of drugs is going to have a big impact on cancer care. The drugs also are being tested in about 30 types of cancers, but melanoma is the front line. It’s where the first testing is being done because it has this history of responding to immune therapies.
While some parents are reluctant to treat their children for attention deficit hyperactivity disorder (ADHD), two UCLA Health experts point out that ADHD treatments are safe and highly effective. And ignoring ADHD symptoms or not opting for medication when it is called for can be detrimental, they say.

“Kids who have untreated ADHD have a greater likelihood of school failure and conduct problems,” says UCLA psychiatrist Benjamin Schneider, MD. “Studies have shown that in the long run, children with untreated ADHD are more likely than those who are treated to go on to experience untoward life events such as jail time and teen pregnancy.”

ADHD is a genetic-based neurodevelopmental disorder characterized by problems with focus, impulsivity or both. “It is very common and often undiagnosed,” says Amy Weimer, MD, a pediatrician and internist at UCLA Medical Center, Santa Monica. “And when it’s diagnosed, it often is undertreated.”

ADHD symptoms usually become apparent after age 5 and are often first noticed by teachers because of disruptive behaviors in the classroom, Dr. Weimer explains. For children who have the disorder without hyperactivity, known as ADD, signs include difficulty completing tasks and following classroom instruction. At home, children with undiagnosed ADD or ADHD may have difficulty sitting still, frequently interrupt, become easily distracted and show poor time-management skills.

Parents who notice these symptoms should not hesitate to bring them up with their child’s pediatrician for an evaluation. A diagnosis requires impairment in more than one setting — typically at home and at school. Once a diagnosis is made, the mainstays of treatment include both behavioral measures focusing on organizational and time-management skills, and the stimulant medications Ritalin or Adderall. “These are modifying the signal-to-noise ratio so that the child can focus ... and sort out what is important from extraneous stimuli,” Dr. Schneider says.

ADHD drugs have been used for decades and, while all drugs have potential side effects, they are considered safe and highly effective. Dr. Weimer notes that many parents are concerned about starting their children on the medications, in part because of reports that the drugs are abused by non-patients for their stimulant purposes. “What we find, though, is that people with ADD or ADHD are more likely to have substance-abuse problems, but treating them with the medication actually reduces that risk,” she says.

Some parents are initially resistant to the idea of medicating their child, Dr. Weimer adds, but ultimately are pleased to see the difference the treatment can make in academic performance, social skills, extracurricular activities and at home. Studies indicate that children with ADHD who go on medication early are more likely to have improved brain functioning that enables them to succeed without medication as adults.

“People with ADD have a lot of gifts that come with having a brain that’s less constrained by time and organization,” Dr. Weimer says. “Our goal is to treat patients in a way that allows them to use this gift of creativity and to feel like themselves, while also being able to meet the demands of everyday life.”
Taking Steps to Mitigate the Risk of Hospital-Acquired Infections

Hospital-acquired infections are all-too-common. The U.S. Centers for Disease Control and Prevention estimates that one-in-25 hospitalized patients will contract an infection, and approximately 75,000 will die each year as a result. Even if an infection is not lethal, it can increase the length of a patient’s hospitalization, significantly increase costs and lead to substantially poorer overall outcomes. UCLA has been taking steps to mitigate these risks.

“Many hospitalized patients are sicker than in years past. Perhaps they have undergone transplants or other treatments that suppress their immune system,” says Zachary Rubin, MD, an infectious disease specialist at UCLA Medical Center, Santa Monica. “Because they are sicker, they are undergoing more invasive procedures, providing more opportunities for infections to spread.”

Complicating matters is the growing number of infections that are becoming resistant to antibiotics — so-called superbugs. “Years ago, these infections might have been considered an inconvenience,” says Daniel Uslan, MD, an infectious disease specialist at Ronald Reagan UCLA Medical Center. “Now they are potentially life-threatening. Taking measures to prevent them has become a paramount part of what we do in the hospital.”

Dr. Rubin explains that major medical procedures are inevitably associated with a certain infection risk. But research in the last two decades has found that rates for some types of infections can be pushed much lower. “Many infections can be eliminated by taking proactive steps,” he says. “That’s what we have done at UCLA.”

The most common types of infections acquired in the healthcare setting include central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical-site infections after an operation and Clostridium difficile (commonly referred to as C. difficile) — an infectious diarrhea spread by a bacteria that can be contracted from contaminated surfaces. “At UCLA, we have spent considerable time and effort developing a more holistic approach to infection prevention,” says Dr. Uslan. “To be effective, we need a multifaceted approach that involves all levels of care, all staff, and addresses the role of the physical environment.”

For example, protocols have been implemented to reduce the risk of bloodstream infections from central venous catheters as well as surgical-site infections. Education initiatives are another key component. Steps have been taken to ensure cleanliness, including a systemwide hand-washing education program, standardization of the way rooms are cleaned and new levels of accountability. UCLA’s facilities are also among the first to use ultraviolet disinfection technology, and Dr. Uslan is currently heading a study to assess the value of installing antimicrobial copper fixtures in intensive care units. Patients also are offered baths with an antiseptic soap that kills bacteria on contact.

These efforts have begun to pay off. While national rates of hospital-acquired C. difficile infections are on the rise, UCLA Health has reduced its rate over the last three years. “We have gone beyond the national guidelines in our efforts to reduce and ultimately eliminate preventable infections in both the hospital and ambulatory care settings,” says Dr. Rubin. “Because we see some of the most vulnerable patients, the urgency to address these issues is great, and we take that very seriously.”
ALZHEIMER’S AND DEMENTIA WEBINARS

The Benefits of Early Detection of Alzheimer’s Disease
Gary Small, MD, professor, Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine, and Director of the UCLA Longevity Center, will discuss the early warning signs of Alzheimer’s disease and other dementias, the benefits of early detection treatment and risk reduction.

When: Wednesday, January 14 / 11:30 am – 12:30 pm
Info: geronet.ucla.edu/cgec-aces or (310) 312-0531

Dementia: Special Issues Related to Ethnic and Racial Minorities
Xavier Capigas, PhD, health sciences assistant clinical professor, Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine, and Lekeisha Sumner, PhD, ABPP, will discuss the warning signs of Alzheimer’s disease and the benefits of early detection and treatment.

When: Wednesday, February 18 / 11:30 am – 12:30 pm
Info: geronet.ucla.edu/cgec-aces or (310) 312-0531

Dementia in People with Down Syndrome or Other Intellectual Disabilities
Linda Nelson, PhD, ABPP, professor, Emerita, UCLA Department of Psychiatry and Biobehavioral Sciences, will discuss the risk, signs and management of Alzheimer’s disease in aging adults with intellectual disabilities, such as Down Syndrome.

When: Thursday, February 26 / 11:30 am – 12:30 pm
Info: geronet.ucla.edu/cgec-aces or (310) 312-0531

BRAIN IMAGING

Brain PETS: Scans for Early Diagnosis and Treatment
Daniel Silverman, MD, PhD, UCLA nuclear medicine physician, will talk about the many underlying causes for problems with memory and other thinking abilities, and how and when to use medical imaging of the brain to make the earliest, most accurate diagnosis possible.

When: Wednesday, February 18 / 6 – 7:30 pm
Where: Camarillo Health Care District, 3639 E Las Posas Rd, Building E, Ste 117
RSVP: (800) 516-5323

CANCER

Medicinal Marijuana and Cancer
Thomas Strouse, MD, medical director, Resnick Neuropsychiatric Hospital at UCLA, Garth Terry, MD, chief resident, UCLA Psychiatry, and Mark Kleiman, PhD, UCLA professor, School of Public Affairs, will discuss recent biological research on cannabinoid brain receptors and offer their perspectives about the benefits, risks, options, current knowledge and status of medicinal marijuana usage to help cancer patients make more informed personal decisions.

When: Tuesday, January 13 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, Rm B130
Info: (310) 794-6644

Stress and Cancer: Myths, Evidence
Steve Cole, PhD, UCLA professor of medicine and psychiatry, will discuss what science has learned over the past decade from medical and laboratory research on how stress affects cancer and what to do about it. While some ideas turn out to be myths (stress generally does not cause cancer), others appear to be true (stress can make existing cancers more aggressive). Learn about a range of strategies to protect the health and well-being of cancer patients from the adverse biological effects of stress.

When: Tuesday, February 10 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, Rm B130
Info: (310) 794-6644

CONSTITUTION

Constipation and Bowel Leaks
UCLA gastroenterologist Claudia Sanmiguel, MD, will explore the common causes of constipation and bowel leaks, treatment and common misconceptions about bowel habits and accidental bowel leaks.

When: Monday, February 9 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: (800) 516-5323

Events in gold are offered near our UCLA offices in Burbank, Marina del Rey, Redondo Beach, Santa Clarita, Thousand Oaks and Westlake Village.

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.

UCLAHEALTH.ORG 1-800-UCLA-MD1 (1-800-825-2631)
COPD

Living Well with COPD

Corinne Sheth, MD, UCLA pulmonologist, will give an overview of chronic obstructive pulmonary disease (COPD), with a focus on important vaccinations, medications, nutrition and breathing exercises to help you live well with COPD.

When: Thursday, March 26 / 10:30 am – Noon
Where: OASIS, Macy’s 3rd level, 10730 W. Pico Blvd
RSVP: (800) 516-5323

DIABETES

Living with Type 2 Diabetes

This ADA-certified eight-hour self-care class will help you gain important skills, knowledge and confidence to successfully manage your diabetes. A physician referral is required. This class is covered by most medical insurance policies.

Info: uclahealth.org/diabetes or (310) 794-1299 or email diabetesedu@mednet.ucla.edu

Diabetes Discussion: Basics & Beyond

UCLA endocrinologist Matt Freeby, MD, will review methods to control blood glucose, including dietary and exercise modifications as well as the use of medications.

When: Wednesday, February 25 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Blvd
RSVP: (800) 516-5323

ETHICS

National Nursing Ethics Conference

The NNEC aims to empower nurses to engage in complex, ethical challenges of care to effect needed change and to affirm the mutually enriching qualities of patient-family-caregiver encounters.

When: March 19-20
Where: Hilton, Universal City Walk, Los Angeles
Info & RSVP: ethicsofcaring.org or (310) 794-6219

HEART DISEASE

WomenHeart West Los Angeles

This peer-led support group is part of WomenHeart, a national coalition for women with heart disease. Sessions will provide peer support, advocacy and education by leading professionals in the field.

When: Mondays, January 12, February 9 & March 9 / 7 pm
Where: UCLA Cardiac Rehab Center, 200 UCLA Medical Plaza, Ste 206C
Info: (310) 825-0014

KIDNEY DISEASE

Kidney Smart Classes

This specially-designed two-hour class focuses on how your kidneys function, ways to manage your diet and health to promote healthy kidneys, and information about kidney disease.

When: January 8, January 22, February 12, February 26, March 12 and March 26 / 2 – 4 pm
Where: 1821 Wilshire Bl, Suite 200, Santa Monica
Info & RSVP: (888) 695-4363 or kidneysmart.org

Kidney Disease and High Blood Pressure

Kidney disease and high blood pressure are often underdiagnosed and undertreated. UCLA nephrologist Anjay Rastogi, MD, will discuss the significant consequences of both and also focus on diagnosis and treatments.

When: Sunday, February 1 / 10 – 11:30 am
Where: Conference Rm 3, UCLA Medical Center, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

MULTIPLE SCLEROSIS

REACH to Achieve Program (ONGOING)

This weekly wellness program will focus on fitness, 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

Living Well

This 12-week program helps patients newly diagnosed with multiple sclerosis (MS) better understand MS and develop fitness and other lifestyle practices to manage symptoms and enhance well-being.

Where: Marilyn Hilton MS Achievement Center
Info & Application: (310) 481-1130

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 information or to subscribe to future webinars, go to: uclaehealth.org/uclamdchat

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.

Info: uclahealth.org/calendar
PARKINSONIAN DISORDERS

Parkinsonian Disorders
The Parkinsonian Disorders Support Group provides information, education, resources and support for patients and caregivers dealing with progressive supranuclear palsy, corticobasal degeneration, multiple system atrophy and Parkinson’s disease. Facilitated by Loretta Mazorra, nurse practitioner, UCLA’s Movement Disorders Clinic.
Where: First Friday of each month starting February 2 – 4 pm
When: February 2
RSVP: (310) 828-0011

TREMORS

Tremor: How to Shake the Shakes

UCLA movement disorders specialists will discuss treatment options, including medicines, surgery (deep brain stimulation) and noninvasive therapies, to cope with tremors. RSVP by March 11.
Where: Beach Cities Health District – Beach Cities Room
When: March 4
RSVP: (310) 571-5741 or ucla.tremor@gmail.com

WELLNESS

American Health System: Past, Present and Future

Jay Espejo, MD, UCLA family medicine physician, will give an overview of the history of how we got to our current health system, the different components of it, what influences its costs and what we can do to improve it.
Where: Annex at Westchester Family YMCA, 8020 Alverstone Av
When: January 26
RSVP: (800) 516-5323

Advance Directives

Robert Ashley, MD, UCLA family medicine physician, will discuss end-of-life care, how to choose a durable power of attorney for healthcare and how to make choices about the direction of your healthcare.
Where: Bear Cities Health District – Beach Cities Room
When: March 25
RSVP: (310) 571-5741 or ucla.tremor@gmail.com

Diet, Nutrition and Exercise: The good, the bad and the ugly

Tanu Pandey, MD, MPH, UCLA internal medicine physician, will discuss the concept of healthy living by therapeutic lifestyle changes that are simple, sustainable and scientific.
Where: Ronald Reagan UCLA Medical Ctr, Rm 3102
When: March 17
RSVP: (800) 516-5323

Integrative & Holistic Primary Care

Justin Laube, MD, UCLA internal medicine physician, will explore the philosophy behind UCLA’s new East-West primary care clinic at the UCLA Center for East-West Medicine and discuss the meaning of holistic and integrative medicine, new approaches to primary care and ways to enhance well-being through self-care.
Where: Ronald Reagan UCLA Medical Ctr, Rm 3102
When: March 20
RSVP: (800) 516-5323

Understanding Medicare

Learn what Medicare covers, what it doesn’t and how to fill in the gaps.
Where: Ronald Reagan UCLA Medical Ctr, Rm 3102
When: March 21
RSVP: (800) 516-5323

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, call (800) 516-5323.

**50 Senior Scholars** (ONGOING)

UCLA Longevity Center's program seeks adults over 50 to audit undergraduate courses for a small fee. Course is designed to keep brain function healthy and active while promoting cross-generational learning.

**Where:** Locations vary on UCLA Campus

**Info:** Call (310) 794-0679 or longev@longevity.ucla.edu

**50 Memory Training Course** (ONGOING)

Learn practical memory-enhancing techniques in a course designed for people with mild memory concerns; not for those with dementia.

**When:** Two hours per week for four weeks

**Where:** Locations vary

**Info & Cost:** Call (310) 794-0680 or sgoldfarb@mednet.ucla.edu or longevity.ucla.edu

**50 Westside Walkers:** Free Mall Walking Program

Sign in at Macy's storefront on level 2.5, Westside Pavilion on Pico Blvd between Overland Ave. and Westwood Blvd., West Los Angeles.

**When:** Tuesdays and Thursdays / 8 – 10 am

**Info:** (800) 516-5323

**50 Nutritional Issues in Older Adults**

Learn about the nutritional needs, goals and disorders specific to older adults and the role of diet, medications and supplements for health and wellness.

**When:** Tuesday, January 13 / 2:30 – 4 pm

**Where:** Sunrise of Santa Monica, 1312 15th St

**RSVP:** (800) 516-5323

**50 Emphysema Update**

Gerard Frank, MD, UCLA pulmonologist, will discuss diagnosis and the latest treatment options for emphysema.

**When:** Thursday, January 29 / Noon to 1:30 pm

**Where:** Santa Monica Family YMCA, 1332 6th St

**RSVP:** (800) 516-5323

**50 Zumba Gold**

A safe and effective workout for any age, Zumba takes Latin and international dance rhythms to create a dance-exercise workout.

**When:** Monday, February 2 / 1 – 2 pm

**Where:** YWCA Santa Monica/Westside, 2019 14th St

**RSVP:** (800) 516-5323

**50 Healthy Weight Loss**

Anita Batra, MD, UCLA internal medicine physician, will discuss safe and effective strategies to lose weight and maintain weight loss in a healthy way.

**When:** Thursday, February 5 / 1 – 2:30 pm

**Where:** Culver City Senior Center, 4095 Overland Av

**RSVP:** (800) 516-5323

**50 Diabetes**

Learn the symptoms, diagnosis and treatments for diabetes and how to get it under control.

**When:** Tuesday, February 10 / 2:30 – 4 pm

**Where:** Sunrise of Santa Monica, 1312 15th St

**RSVP:** (800) 516-5323

**50 Virtual Colonoscopy**

Colon cancer is the second most common cancer in America, yet less than half of all Americans who should be screened follow through. Learn how virtual colonography might be an alternative to colonoscopy for colon cancer screening that avoids sedation.

**When:** Wednesday, February 11, 7 – 8:30 pm

**Where:** Santa Monica Bay Woman's Club, 1210 4th St

**RSVP:** (800) 516-5323

**50 Osteoporosis: Screening, Diagnosis and Treatment**

Evelyn Curils, MD, MBA, UCLA internal medicine physician, will discuss osteoporosis screening, diagnosis and treatments. She will also focus on the impact of untreated osteoporosis on a person’s health and strategies to reduce fracture risks.

**When:** Thursday, February 19 / 2:30 – 4 pm

**Where:** City View Villa, 20800 Earl St, Torrance

**RSVP:** (800) 516-5323

**50 The Ups and Downs of Blood Pressure**

Amruti Borad, DO, UCLA family medicine physician, will discuss the causes, symptoms, diagnosis and the most updated guidelines to treat high blood pressure, including medications, alternative medications, diet and exercise.

**When:** Tuesday, March 3 / 10 to 11:30 am

**Where:** The Canterbury, 5801 Crestridge Rd, Rancho Palos Verdes

**RSVP:** (800) 516-5323

**50 Fall Prevention**

Learn about risk factors that cause falls and how to prevent them.

**When:** Tuesday, March 10 / 2:30 – 4 pm

**Where:** Sunrise of Santa Monica, 1312 15th St

**RSVP:** (800) 516-5323

**50 Foot and Toe Pain**

UCLA orthopaedic surgeon Joan Williams, MD, will focus on common complaints and causes of forefoot and toe pain, and surgical and non surgical treatment options. Bunions, hammertoes, great toe pain and arthritis will also be discussed.

**When:** Wednesday, March 11 / 7 – 8:30 pm

**Where:** Santa Monica Bay Woman’s Club, 1210 4th St

**RSVP:** (800) 516-5323

**50 Neuropathy Update**

Shamsha Velani, MD, UCLA neurologist, will give an overview of neuropathy, including causes, diagnosis and treatment options.

**When:** Thursday, March 19 / Noon to 1:30 pm

**Where:** Santa Monica Family YMCA, 1332 6th St

**RSVP:** (800) 516-5323

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