Medication adherence is key to maintaining health

Taking a prescription medication can be essential to regaining or maintaining health, but all too often patients do not properly follow the instructions for taking these drugs. In fact, nationwide, about half of prescription drugs are not taken as prescribed.

The reasons, according to Carol M. Mangione, MD, MSPH, chief of the UCLA Division of General Internal Medicine and Health Services Research, range from difficulty affording out-of-pocket costs and obtaining timely refills to concerns about possible side effects and the complexity of medication regimens.

Continued on page 7
New UCLA Health office opens

UCLA Health is expanding with a new primary care and urgent care office in Culver City at the Westfield Culver City mall. This office joins the UCLA Health network of more than 170 primary and specialty clinics in convenient locations throughout Los Angeles, Orange and Ventura counties, including in the Conejo Valley, San Fernando Valley, Santa Clarita Valley, San Gabriel Valley, Simi Valley, South Bay, Ventura and the Westside.

For information about UCLA offices in your area, go to: uclahealth.org/locations

UCLA CAR T-cell Program expands to pediatric patients

UCLA has been certified to provide all FDA-approved CAR T-cell treatments, used to treat certain blood cancers. The certification enables UCLA to use this therapy for pediatric and young adults with B-cell precursor acute lymphoblastic leukemia, expanding on the initial program to treat adult patients with non-Hodgkin’s lymphoma. Expansion of the program furthers UCLA’s goal to be a destination of choice for patients receiving immunotherapy and other cellular therapies.

To learn more about CAR T-cell therapy at UCLA and to view a video, go to: uclahealth.org/car-t-cell-therapy

Body donations advance health care

A donation to the UCLA Donated Body Program provides important benefits to advance health care, which include developing new medical procedures, training the next generations of physicians and surgeons and increasing the understanding of disease development. Donated bodies are treated with respect, and each year medical students celebrate the donors and their families with a Ceremony of Thanks. Cremated remains are scattered in the ocean, and there is no cost to families.

To learn more about the UCLA Donated Body Program, go to: uclahealth.org/donatedbody
Kids and ADHD: What parents need to know

More than 6 million children in the U.S. have attention deficit hyperactivity disorder (ADHD), according to the 2016 National Survey of Children’s Health. UCLA pediatric specialists address one of the most common neurodevelopmental disorders affecting children today.

How can I tell if my child has ADHD?

“A child with ADHD tends to be more impulsive, hyperactive and/or distractible on tasks where other children their age can sit still and focus,” says Irene Koolwijk, MD, MPH, a developmental-behavioral pediatrician in Westwood and Santa Monica. These behaviors are persistent, lasting over six months across a variety of settings, such as at home and in school or during sports practice. Other signs include excessive chattiness, forgetfulness, daydreaming and difficulty getting along with others.

At what age is ADHD typically diagnosed?

While toddlers can show signs of ADHD, most children are diagnosed at around age 7, when behaviors at school become more evident and problematic. Sometimes, ADHD is overlooked until the teen years or young adulthood.

How is ADHD diagnosed?

There isn’t a definitive test, such as a blood test, to diagnose ADHD. However, your child’s doctor can gauge whether or not ADHD is causing your child’s struggles by having you, your child’s teacher and any other caregivers complete a standardized behavior checklist. Your doctor uses this information, as well as guidelines established by the American Psychiatric Association, to aid diagnosis. “It’s important to get a professional evaluation because many other problems, including anxiety, depression, hearing and vision issues, and learning disabilities, share similar symptoms or may coexist along with ADHD,” Dr. Koolwijk says.

What causes ADHD?

Experts are not sure why some children develop ADHD. Genetics may play a role, which means your child’s chances of having ADHD are greater if one or both parents have it. Gender also seems to be a factor, with boys up to three times more likely to receive an ADHD diagnosis than girls, says Nathan Samras, MD, a pediatric specialist in Beverly Hills. While consuming too much sugar, watching too much television, family stress and trauma may worsen ADHD symptoms in some children, they are not themselves a cause, he says.

How is ADHD treated?

Most children respond well to a combination of medication, school interventions and behavior therapy — in which both the child and parent participate. Stimulant medications have been shown to reduce symptoms in up to 80 percent of children with ADHD. These medications boost neurotransmitters in the brain that help process information. Support from a child’s school is equally important. Some children with ADHD benefit from Individualized Education Programs (IEPs) designed to meet specific learning needs.

More than 6 million children in the U.S. have attention deficit hyperactivity disorder (ADHD), according to the 2016 National Survey of Children’s Health. UCLA pediatric specialists address one of the most common neurodevelopmental disorders affecting children today.

How can I tell if my child has ADHD?

“A child with ADHD tends to be more impulsive, hyperactive and/or distractible on tasks where other children their age can sit still and focus,” says Irene Koolwijk, MD, MPH, a developmental-behavioral pediatrician in Westwood and Santa Monica. These behaviors are persistent, lasting over six months across a variety of settings, such as at home and in school or during sports practice. Other signs include excessive chattiness, forgetfulness, daydreaming and difficulty getting along with others.

At what age is ADHD typically diagnosed?

While toddlers can show signs of ADHD, most children are diagnosed at around age 7, when behaviors at school become more evident and problematic. Sometimes, ADHD is overlooked until the teen years or young adulthood.

How is ADHD diagnosed?

There isn’t a definitive test, such as a blood test, to diagnose ADHD. However, your child’s doctor can gauge whether or not ADHD is causing your child’s struggles by having you, your child’s teacher and any other caregivers complete a standardized behavior checklist. Your doctor uses this information, as well as guidelines established by the American Psychiatric Association, to aid diagnosis. “It’s important to get a professional evaluation because many other problems, including anxiety, depression, hearing and vision issues, and learning disabilities, share similar symptoms or may coexist along with ADHD,” Dr. Koolwijk says.

What causes ADHD?

Experts are not sure why some children develop ADHD. Genetics may play a role, which means your child’s chances of having ADHD are greater if one or both parents have it. Gender also seems to be a factor, with boys up to three times more likely to receive an ADHD diagnosis than girls, says Nathan Samras, MD, a pediatric specialist in Beverly Hills. While consuming too much sugar, watching too much television, family stress and trauma may worsen ADHD symptoms in some children, they are not themselves a cause, he says.

How is ADHD treated?

Most children respond well to a combination of medication, school interventions and behavior therapy — in which both the child and parent participate. Stimulant medications have been shown to reduce symptoms in up to 80 percent of children with ADHD. These medications boost neurotransmitters in the brain that help process information. Support from a child’s school is equally important. Some children with ADHD benefit from Individualized Education Programs (IEPs) designed to meet specific learning needs.
Early recognition improves outcomes for children with seizures

“Early recognition and diagnosis of seizures have gotten better, but there still are situations where seizures are going on for quite some time before children are adequately treated.”

Dr. Lerner says. “Studies have found that having seizures under control correlates with a better prognosis.”

At the UCLA Pediatric Epilepsy Program, Dr. Lerner and seven other pediatric epileptologists — experts specifically trained in the field — are on staff to treat every type of seizure condition, from common and relatively mild disorders to challenging cases that require surgery. Initial evaluations consist of a physical examination, history and an EEG test to study brain activity.

Childhood seizures can be treated with medications, diet and surgery. UCLA also sponsors clinical trials to evaluate promising new therapies, including medicinal cannabis. In the most serious cases, surgery to remove or disconnect brain tissue causing the seizures is widely embraced today, Dr. Lerner says.

But sometimes children are prescribed numerous medications unsuccessfully before surgery is considered. “We have kids failing four or five medications over two or more years before they come to us,” he says. “If a child has failed two medications, parents need to consider surgery. In some cases, surgery is by far the best treatment option.”

If parents are concerned that their child may have epilepsy, Dr. Lerner recommends that they speak with a pediatric epileptologist. “Families need to know when the evaluation and treatment needs to be kicked up to the next level,” he says.

To view a video about pediatric epilepsy, go to: uclahealth.org/videos/pediatricepilepsy
Treating infantile spasms, a rare form of epilepsy

Infantile spasms is a rare but serious form of epilepsy affecting about 10,000 children nationwide, which, if not properly treated, can lead to intellectual disabilities. “The single biggest challenge we face with infantile spasms is that most people have never heard of it,” says Shaun A. Hussain, MD, director of the UCLA Infantile Spasms Program. “Diagnosis is often very delayed, and this delay reduces the likelihood that a patient will respond to treatment.”

The condition, also called West Syndrome, is a type of epilepsy that typically affects infants under the age of 2. It is characterized by clusters of peculiar seizures that can include lifting and extension of the arms and bending forward at the waist, with a sudden and forceful drop of the head. Each cluster can last a few minutes, and most often occur upon awakening, but can happen at any time of the day.

Nonsurgical treatment can include hormone therapies. About 10 percent of children with infantile spasms are candidates for surgery, including a dramatic procedure called hemispherectomy, a surgery to remove or disable one-half of the brain to stop the seizures.

More treatment advances are needed, Dr. Hussain says. UCLA is a referral center for infantile spasms cases, and it has an active research program to explore improved treatments as well as to further greater understanding of the condition. “There has been quite a bit of fine-tuning of existing therapies, but it has been more than a generation since we’ve seen a new and effective therapy for infantile spasms,” Dr. Hussain says. “We are searching for safe and effective therapies.”

For more information about the UCLA Infantile Spasms Program, go to: uclahealth.org/mattel/pediatric-neurology/infantile-spasms-program
While minimally invasive surgery has been performed on many parts of the body, surgeons have until recently struggled to utilize this technique when operating on the pancreas because of its location and complexity.

At UCLA, surgeons now are using robotic, minimally invasive surgery to successfully operate on the pancreas. The advance means that many more patients, including those with pancreatic cancer, can undergo less traumatic operations that allow them to heal faster and proceed to other treatments, such as chemotherapy, more quickly. "We offer robotic pancreatic surgery to every patient whom we believe is an appropriate candidate," says UCLA surgeon Mark Girgis, MD.

Traditionally, operating on the pancreas required a large incision to provide surgeons with a wide field of vision and allow them to remove tumors or parts of the organ. Minimally invasive laparoscopic surgery on the pancreas was challenging because surgeons had limited range of motion and limited vision while working on the organ through tiny incisions in the belly. Robotic surgery was a game-changer, however, enabling surgeons to have a much greater...
range of motion and better visualization of the pancreas.

During robotic surgery, the surgeon sits at a computer console and manipulates surgical tools, including a small 3D camera, which are attached to the robot’s arms and inserted into the patient through several small incisions. “The most common misconception is that somehow the robot is autonomous,” says UCLA surgeon Jonathan C. King, MD. “The robot is just a tool that we use to be able to do some of these complicated maneuvers. But it is completely controlled by the operating surgeon.”

Having several incisions that are under a half-inch long rather than a six-inch incision can make a big difference in how a patient recovers, Dr. Girgis says. “The surgery on the inside of the abdomen is exactly the same, whether it’s done minimally invasive with a robot or through a larger open incision,” he says. “The difference is that the amount of trauma to the patient is less. There is less pain and less blood loss, and the recovery time is reduced.”

Patients typically spend less time in the hospital following minimally invasive surgery. And, for patients with pancreatic cancer, a shorter recovery can mean moving on to chemotherapy without delay. “It’s a huge benefit because a lot of those patients are debilitated and struggling in general,” Dr. Girgis says. “With a less traumatic surgery, they recover faster and get chemotherapy more reliably.”

Robotic-assisted laparoscopic surgery can be performed for all types of pancreatic diseases, including pancreatic adenocarcinoma, neuroendocrine tumors, cystic tumors, benign masses and chronic pancreatitis. Open surgery still is recommended when the surgery involves extensive reconstruction of arteries or veins, Dr. King says.

Both Drs. Girgis and King are specially trained in robotic pancreatic surgery. “It’s wonderful that we have this option for patients,” says Timothy Donahue, MD, chief of pancreatic surgery. “This surgery is what would be considered a state-of-the-art treatment approach.”

Medication adherence is key to maintaining health

This is particularly true for individuals with multiple prescriptions, including pills that need to be taken at various times of the day.

Whatever the reason, the consequences of not adhering to important prescriptions can be significant. Dr. Mangione notes that, for example, underusing a medication for chronic pain can significantly affect quality of life, while taking too much of that drug can affect a person’s cognition or balance, increasing the risk of falls in older patients. Misuse of common medications, including insulin for diabetes and warfarin to prevent blood clots, is responsible for the majority of the nearly 200,000 emergency hospitalizations for adverse drug events each year among older adults. And even when the impact is less obvious, there is a significant downside to improperly taking drugs intended to reduce risk or treat conditions. “Patients who aren’t getting the full benefit from medications for their blood pressure, glucose and cholesterol are more vulnerable to heart disease, stroke and complications from diabetes,” Dr. Mangione notes.

UCLA Health instituted the “Managing Your Medication for Education and Daily Support,” or MyMeds, program to improve prescription adherence through a collaboration among UCLA clinical pharmacists and primary care physicians. MyMeds pharmacists consult with patients on their medication management, helping them to overcome any barriers that stand in their way. A MyMeds pharmacy consultation may be requested by a patient with a UCLA Health primary care physician.

Some patients struggle with high out-of-pocket costs for their prescription drugs. “It is not unusual for a patient to show up at the pharmacy, realize the medicine is expensive or not covered and not pick it up, or buy it but take less than what was prescribed so that it will last longer,” says Janet S. Chon, PharmD, a MyMeds clinical pharmacist. In such cases, Dr. Chon and her colleagues work with physicians to identify lower-cost therapeutic equivalents or patient assistance programs.

Other patients have difficulty adhering to regimens that involve multiple pills that must be taken at different times throughout the day. MyMeds clinical pharmacists help simplify patients’ complex medication regimens by streamlining them (i.e., switching them to long-acting formulations). They may also provide pillboxes and create medication schedules to make the process easier to manage.

Dr. Chon advises that patients keep an updated list of the medications they’re taking — even bringing all medicine bottles with them each time they visit their pharmacist — to make sure that what’s in their electronic chart is accurate. Patients should inform their physician or pharmacist of any over-the-counter drugs or supplements they use, since in some cases these may interact with prescription medicines in ways that may result in side effects or render them less effective. When being prescribed a medication, patients should ask about its purpose and common side effects.

It is particularly important for older patients to ensure that their medication regimen is optimal and that there are no problems with adherence, notes Albert Bui, MD, a UCLA geriatric specialist. Dr. Bui says an all-too-common phenomenon for older patients is what’s known as a prescription cascade, in which a medication causes a side effect that is then treated by another medication, which leads to a new side effect and another prescription, and so on.

“I tell my geriatric patients that if they have a new symptom, before asking what medication they can take for it, they should see if there’s a medication they can stop taking, because that symptom could be a side effect of another drug that they no longer need,” Dr. Bui says.
It is unpleasant to envision a time when we might be incapable of communicating with doctors and loved ones about the medical treatment we wish to receive — or not receive — as the end of life approaches. So it hardly is surprising that most adults have not completed an advance health care directive, a document specifying who would make medical decisions on their behalf if they were unable to do so. Nor have they engaged in substantive discussions with loved ones about their health care preferences in the event they are incapacitated. But facing such issues, and having the sometimes uncomfortable conversations, is time well spent, says Neil Wenger, MD, MPH, chair of the ethics committee at Ronald Reagan UCLA Medical Center.

**What does advance care planning involve?**

Advance care planning is the process of understanding one's medical condition and beginning to think about and discuss the type of medical care desired in the future, particularly toward the end of life. One important outcome of that process is a written document, the advance health care directive, sometimes referred to as a power of attorney for health care. All adults should have such a document in place, and they should engage in advance care planning if they have any significant medical condition or chronic illness. Advance health care directives should be reviewed and updated as needed on a regular basis, and patients should be sure they discuss their preferences with the person they designate as their decision-maker.

**What issues are addressed in an advance health care directive?**

UCLA has developed its own advance health care directive for patients, though we honor advance directives established elsewhere. Unlike most others, ours starts with questions about patients’ values and goals regarding future care before asking them to appoint a decision-maker to address any question not covered by those answers. The questions don’t focus on specific treatments; rather, they address the results of treatment. Patients are asked whether or not they would want to receive medical treatments designed to keep them alive if they knew, for example, that they wouldn’t be able to recognize family members.
and friends or that they would be living with severe pain or discomfort. Doctors have a pretty good idea of whether or not certain treatments can achieve particular outcomes, but what they don’t know is what outcomes are acceptable to the individual patient.

How do patients access these documents?
Beginning this October, our patients’ advance health care directives are being made available for them to review on their myUCLAHealth account; the form can also be downloaded, printed and either updated or filled out for the first time and presented to their physician.

Is there a potential downside to having an advance health care directive?
No. But there are tangible advantages. Patients and sometimes members of their family will differ on goals and the kinds of treatments they would want, especially when they are very sick and nearing the end of life. Advance care planning encourages important conversations about these matters while patients can participate, and it spares loved ones a great deal of potential anguish. So it is not uncommon for us to hear family members say that if only they had discussed these issues earlier, these very difficult decisions about treatment would have been much easier.

Is there a document used for patients who don’t want certain life-sustaining treatments?
Some seriously ill patients don’t wish to receive aggressive medical care designed to keep them alive in their current health state. In California, these patients can prepare with their physician a separate document called Physician Orders for Life-Sustaining Treatment, or POLST, to specify treatments they do not wish to receive. When undertaking such a step, patients should have a conversation with their physician about the specific circumstances in which they would want treatment to focus on comfort and other goals other than extending the duration of life.

Where do there tend to be significant differences in the types of care patients want to receive when they are incapacitated?
Most healthy people are willing to receive burdensome care that can return them to their healthy state, but many very ill patients don’t want those highly burdensome treatments at the end of life. The most significant differences in attitude toward burdensome treatment occur in regard to how much of a burden individuals are willing to tolerate for small improvements in their health. The advance care planning process is an opportunity for people to begin thinking about what they would want and to express it in writing, as well as verbally with physicians and family members. We want to make sure that patients’ preferences endure.
Treatment options to minimize scar damage

“Scars can cause people to isolate themselves and can really impact quality of life...I see patients come in after treatment with a totally different energy and confidence.”

Some scars are barely noticeable, but others may lead to self-consciousness, cause pain or interfere with movement. Whether scars stem from injury, surgery, burns, acne or another cause, treatments are available to lessen their impact.

“There are different types of scars, and the treatment varies based on the cause and appearance of the scar,” says Andrew J. Vardanian, MD, a UCLA plastic surgeon who specializes in scar management. “Before initiating treatment, we discuss what aesthetic or functional improvements the patient wants to see with treatment.”

Two common types of scars are depressed scars and keloids. Depressed scars, also called icepick scars, sit below the surface of the skin and have a sunken or pitted appearance. They can result from acne or chicken pox, and they may become more pronounced with age. UCLA physicians recently have begun treating depressed scars with microneedling, says Emily Newsom, MD, a UCLA dermatologic surgeon in Santa Clarita. This technique uses a roller covered in tiny needles to make many small pinpricks on the skin. The microscopic injuries break up the abnormal collagen of the scar tissue and stimulate the body to form new collagen. “Microneedling also is good for stretch marks or general resurfacing of the skin,” Dr. Newsom says. “It can decrease fine lines and discoloration and rejuvenate the skin.”

Cosmetic fillers — gel-like substances injected beneath the skin — also may be used to treat depressed scars. Fat grafting, a surgical option, harvests fat from another part of the body to inject into the scar area.

Keloid scars occur when the tissue spreads beyond the wound that caused the scar. Often painful and itchy, keloids tend to form on the chest and trunk and are more common among individuals with dark skin. Methods of treating keloids include corticosteroid injections, pressure garments, surgery and lasers, which help deliver medication to deeper levels of the scar. “When it comes to keloids, it’s best to explore all the options and consider multiple modalities to reduce risk of recurrence,” Dr. Vardanian says.

Other scar-reduction treatments can include:
• Dermabrasion, which uses a wheel or rotating wire brush to smooth the surface of the skin.
• Subcision, which involves sliding a needle under the skin to release scar tissue, accompanied by saline injections to stimulate production of new collagen.
• Laser treatment, which uses highly focused beams of light to remove layers of skin and minimize the appearance of thick, irregular and reddish scars.
• Laser-assisted drug delivery, which uses lasers to form tiny channels in the skin that allow medication to more easily and deeply penetrate the skin.

Surgical approaches include tissue rearrangement, which moves healthy tissue or skin to the scar area; tissue expansion, which stretches normal skin and uses it to resurface the scar; and skin grafting, which transplants a thin layer of healthy skin to the affected area. “Scars can cause people to isolate themselves and can really impact quality of life,” Dr. Newsom says. “I see patients come in after treatment with a totally different energy and confidence.”
Known as the universal language, music and sound healing transcend time and cultures. Research indicates that it promotes more than just the pleasure of listening; music also boosts physical and mental health. That is why it increasingly is being utilized in the health care setting.

"Whether you're listening to music or playing a musical instrument, your brain and your body typically experiences changes that are beneficial," says Helen Lavretsky, MD, a geriatric psychiatrist and director of the UCLA Late-Life Mood, Stress and Wellness Program. The specialty of music therapy has arisen to provide that healing experience for patients. Dr. Lavretsky notes that UCLA hospital physicians can order music therapy for their patients in the same way that they might order physical or occupational therapy.

Music affects the body's autonomic nervous system, which controls unconscious body functions such as heart rate, respiration and digestion. Listening to music can improve the breathing rate and boost oxygen distribution throughout the body, Dr. Lavretsky says. It also can decrease levels of the stress hormone, cortisol, and improve immune system functioning. More studies indicate a positive effect of music on the brain and cognition.

A review by Cochrane — an independent network that examines the results of many different studies to support informed decision making by health care professionals — found that music can help to reduce the amount of pain medication that a patient requires. Music seems to activate sensory pathways that compete with pain pathways. In the face of the current opioid epidemic, "there's quite a bit of interest in exploring nondrug options for pain reduction," Dr. Lavretsky notes.

Another Cochrane review of studies with cancer patients found that listening to music positively affects not only pain but also anxiety, mood and quality of life. Music has been used to reduce anxiety before and during surgical procedures and during chemotherapy and radiation treatments.

Music can improve cognitive and behavioral stimulation in older adults with comorbid mental and physical disorders; therefore, music therapy increasingly is being used in long-term care settings. This response comes at an emotional level, Dr. Lavretsky says, and can bypass any cognitive disabilities in the young and old. For example, children with behavioral difficulties such as autism seem to benefit from music therapy, and studies indicate that it improves skills such as social interaction and communication.

Active singing or chanting also can produce significant physiological benefits. Dr. Lavretsky has conducted studies with stressed family caregivers of dementia patients and found that those caregivers who did eight weeks of daily meditation showed decreases in body responses related to inflammation. A byproduct of stress, inflammation contributes to diseases of aging such as cancer, heart disease, arthritis and Alzheimer's. The caregivers who chanted also showed improvement in mood, cognition and improved levels in biomarkers of cell aging. Dr. Lavretsky now is conducting a study of chanting meditation with women 50 years and older who have cardiovascular risk factors and are experiencing memory decline.

"Sound is the easiest and most ancient way to evoke positive emotions, even for people who are very ill," Dr. Lavretsky says. "It connects us to life."

To view a video about music therapy, go to: uclahealth.org/videos/musictherapy

The UCLA Mindfulness Awareness Research Center offers guided meditations, some with sound: marc.ucla.edu/mindful-meditations

For information about Dr. Helen Lavretsky’s current chanting meditation study, go to: www.semel.ucla.edu/latelife/research/yoga-and-memory-training-women
ADVANCE CARE PLANNING
Advance Care Planning
Aimee Ostick, MD, UCLA family medicine physician, will discuss the importance of advance care planning and what to include in your advance directive. Complimentary forms will be distributed.
When: Friday, Dec 7 / 11:30 am – 12:30 pm
Where: Malibu Senior Ctr, 23825 Stuart Ranch Rd
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

ALZHEIMER’S AND DEMENTIA
Alzheimer’s Disease and Dementia
Learn how Alzheimer’s disease and dementia are diagnosed, managed and treated.
When: Tuesday, Nov 13 / 3:30 – 5 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

BACK PAIN
Oh My Aching Back!
Luke Macyszyn, MD, UCLA neurosurgeon, will discuss state-of-the-art technologies and minimally invasive techniques for back pain.
When: Monday, Oct 22 / 2 – 3 pm
Where: Calabasas Civic Ctr, Founders Hall 100 Civic Ctr Way
Info: 818-224-1777
RSVP: apm.activecommunities.com/cityofcalabasasrec (under “Senior Programs”)

CANCER (CONTINUED)
Countering Cancer Related Cognitive Changes
Linda Ercoli, PhD, UCLA psychologist, will discuss cognitive difficulties caused by cancer and how to use cognitive exercises and strategies to cope.
When: Monday, Oct 15 / 6 – 7 pm
Where: Cancer Support Community Redondo Beach, 109 W Torrance Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Immunotherapy and Target Agents: Cancer Treatment Beyond Chemotherapy
Anita Kaul, MD, UCLA oncologist, will discuss treatments of multiple cancers with drugs designed to boost your immune response to fight cancer and other advanced treatments.
When: Thursday, Nov 8 / Noon – 1:30 pm
Where: Cancer Support Community Ventura/Santa Barbara/Westlake Village 530 Hampshire Rd, Westlake Village
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Lung Cancer: Harnessing Advances in Immunotherapy and Radiation Therapy
Aaron Lisberg, MD, and Percy Lee, MD, UCLA Radiation Oncology, will discuss how recent advances in the fields of immunotherapy and radiation therapy treatment can be individually tailored to patients and how the combination of both may improve patient outcome.
When: Tuesday, Nov 13 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
Info: 310-794-6644

CANCER (CONTINUED)
Advances in Bladder and Kidney Cancers
Alexandra Drakaki, MD, medical director, UCLA Genitourinary Program, Karim Charnie, MD, director, UCLA Bladder Cancer Program, and Allan Pantuck, MD, surgical director, UCLA Kidney Cancer Program, will discuss the changing landscape of immunotherapy, chemotherapy and surgical treatments for bladder and kidney cancers.
When: Tuesday, Dec 11 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
Info: 310-794-6644

CANCER (CONTINUED)
Pancreatic Cancer Treatment
UCLA oncologists Timothy R. Donahue, MD, and Zev Wainberg, MD, will discuss surgical and medical treatments for pancreatic cancer.
When: Tuesday, Oct 9 / 2 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
Info: 310-794-6644

CARDIOVASCULAR HEALTH
Keep Your Heart Healthy: Blood Pressure Overview
Trinidad Solis, MD, UCLA family medicine physician, will discuss the importance of a healthy diet and how to do routine home blood pressure monitoring to maintain a healthy blood pressure and help prevent future heart problems.
When: Thursday, Nov 15 / 1:30 – 3 pm
Where: WISE & Healthy Aging 1527 4th St, Santa Monica
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Blood Pressure: Why is it Important?
Ronen Kalay, MD, UCLA family medicine physician, will discuss what you should know about blood pressure and how to keep your blood pressure at healthy levels.
When: Wednesday, Nov 28 / 2 – 3:30 pm
Where: Kehillat Israel 16019 W Sunset Bl, Pacific Palisades
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Community Health Programs
OCTOBER, NOVEMBER, DECEMBER 2018 COMMUNITY HEALTH PROGRAMS
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.

Community Health Programs
OCTOBER, NOVEMBER, DECEMBER 2018 COMMUNITY HEALTH PROGRAMS
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.
GASTROINTESTINAL PROBLEMS

GERD Update
Daniel Estghiaghpour, MD, UCLA gastroenterologist, will discuss gastrointestinal reflux disease, including causes, prevention and management.
When: Tuesday, Oct 30 / 1:30 – 3 pm
Where: Belmont Village, 15451 Ventura Bl, Sherman Oaks
RSVP: UCLAhealth.org/50PlusSeminar or 800-516-5323

HEARING LOSS

Hearing Loss
Arneen Khachatourians, AuD, UCLA audiologist, will discuss different types of hearing loss, causes, treatment options and updates on current hearing-aid technologies.
When: Wednesday, Nov 14 / 2 – 3:30 pm
Where: The Fair Oaks, 951 S. Fair Oaks Av, Pasadena
RSVP: UCLAhealth.org/50PlusSeminar or 800-516-5323

KIDNEY DISEASE

Kidney Smart Classes
This two-hour class provides information on kidney function, kidney disease and managing a diet that promotes healthy kidneys.
When: Thursdays, Oct 25, Nov 8, Nov 29, & Dec 13 / 2 – 4 pm
Where: UCLA Medical Ctr, Santa Monica 1250 16th St, Conference Ctr
Info & RSVP: 888-695-4363 or kidneysmart.org

UCLA Kidney Education Enhancement Program (UKEEP): High Blood Pressure – What You Should Know
UCLA nephrologists Anjay Rastogi, MD, PhD, Nitoofar Nobakht, MD, and Mohammad Kangar, MD, conduct free educational programs about kidney health, high blood pressure and kidney-disease management. Interactive sessions include free blood-pressure tests and educational resources.
When: Sunday, Dec 9 / 1 – 4 pm
Where: UCLA Medical Ctr, Santa Monica 1250 16th St, Conference Ctr
RSVP: UCLAhealth.org/50PlusSeminar or 800-516-5323

MEMORY CARE

Brain Booster (Ongoing)
Brain Boosters will provide information on healthy aging research and exercises to enhance overall cognitive function. Limited seating available.
When: Sessions are 90 minutes
Where: Locations vary by UCLA campus
Info & Cost: 310-794-0680 or SGGoldfarb@mednet.ucla.edu

Brain Boot Camp (Ongoing/Monthly)
This interactive educational program provides participants with lifestyle strategies and tools to keep their brains vital and healthy.
Where: UCLA Longevity Ctr, 10945 Le Conte Av
Info & Cost: 310-794-6314 or mmorenob@mednet.ucla.edu

Group Psychotherapy for Adjusting to Memory Disorders
This is a five-week (1.5 hours per session) program for patients recently diagnosed with mild dementia, Alzheimer’s disease or other memory disorders and a family member or other care partner. Covered by Medicare and other insurances.
When: Call for session dates
Info: 310-825-8761 or cfanous@mednet.ucla.edu

MULTIPLE SCLEROSIS

REACH to Achieve Program (Ongoing)
This weekly wellness program focuses on fitness, memory, emotional well-being, recreation, nutrition and health education for individuals living with multiple sclerosis.
Where: Marilyn Hilton MS Achievement Ctr 1000 Veteran Av
Info & Application: 310-267-4071

Beyond Diagnosis
An evening program for those newly diagnosed with multiple sclerosis (MS). Join MS professionals from the MS Achievement Center and the National MS Society for a conversation about the disease and wellness practices to help you live your best life with MS.
Where: Marilyn Hilton MS Achievement Ctr 1000 Veteran Av
Info & Application: 310-481-1107

TREMORS

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.
When: Saturday, Oct 27 / 9 am – Noon
(9 am registration, 9:30 am – Noon lectures and Q&A
Where: Robert Wilkinson Senior Ctr 8956 Vanalden Av, Northridge
RSVP: 310-571-5741 or UCLA.tremor@gmail.com
FEATURED EVENT

FLU SHOT
UCLA Health’s community flu-shot clinics help protect residents during flu season by offering vaccinations for adults and children ages 5 years and older. The shots are $30 if not covered by insurance. Standard or high-dose vaccines are available to those ages 65 and older. Flu shots are available at no cost to members of the UCLA Health 50-Plus program at participating UCLA locations below or at any MinuteClinic inside select CVS Pharmacy locations in Southern California. A 50-Plus membership card is needed at UCLA locations. A voucher is necessary for MinuteClinics. To obtain a voucher or join the 50-Plus program, call 800-516-5323.

Santa Monica
When: Saturday, Oct 13 / Noon – 4 pm
Where: 2424 Wilshire Bl
Info: 310-828-4530

Marina del Rey
When: Sunday, Oct 14 / Noon – 4 pm
Where: 4560 Admiralty Way, Ste 100
Info: 310-827-3700

Century City
When: Saturday, Oct 27 / 10 am – 2 pm
Where: Westfield Century City, 10250 Santa Monica Bl, Ste 2440
Info: 310-286-0122

Woodland Hills
When: Saturday, Nov 3 / 10 am – 2 pm
Where: The Village at Westfield Topanga, 6344 Topanga Canyon Bl, Ste 2040
Info: 818-610-0292

Culver City
When: Sunday, Nov 4 / 10 am – 2 pm
Where: Westfield Culver City, 6000 Sepulveda Bl, Ste 2660
Info: 310-313-0020

SEIZURES

Seizures
John Stern, MD, UCLA neurologist, will discuss types of seizures and epilepsy, treatments that are available now and are being developed for the future, and provide guidance on the types of questions patients and their companions should ask their health care providers.

When: Thursday, Nov 1 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

RESEARCH AND TRIALS

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

STROKE

Stroke Risk and U: Living a Healthy Life With a Healthy Brain
Doojin Kim, MD, UCLA neurologist, and Pamela Nye, RN, MS, UCLA Stroke Program coordinator, will explain common causes, newest treatments and risk factors for strokes.

When: Saturday, Dec 1 / 2 – 5 pm
Where: UCLA Medical Ctr, Santa Monica 1250 16th St, Conference Ctr
Info: 424-259-8390

VOLUNTEER OPPORTUNITIES

UCLA Health Volunteer Tea & Open House
Please join us for tea and pastries and learn about the many worthwhile volunteer opportunities at UCLA Health. Parking will be provided.

When: Friday, Oct 26 / 2 – 3:30
Where: Ronald Reagan UCLA Medical Ctr 757 Westwood Bl, Rm B120
RSVP: 424-259-8180

WELLNESS

Walk with a Doc
Join UCLA Health physicians for a healthy stroll.

Woodland Hills
When: First Saturday of each month / 8 – 9 am
Where: UCLA Health, The Village at Westfield Topanga, 6344 Topanga Canyon Bl, Ste 2040
Info: 818-610-0292

Century City
When: Third Thursday of each month / 8 – 9 am
Where: UCLA Health, Westfield Century City, 10250 Santa Monica Bl, Ste 2440
Info: uclahealth.org/walkwithadoc

Integrative Approaches to Sleep Hygiene
Learn how to achieve healthy sleep hygiene through comprehensive traditional Chinese medicine methods and strategies.

When: Friday, Nov 2 / 1:30 – 3 pm
Where: Torrance-South Bay Family YMCA 2900 W Sepulveda Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Vitamins and Supplements Update
Erin Noren, MD, MS, UCLA internist, will discuss vitamins and supplements and provide a practical approach to a healthy lifestyle.

When: Saturday, Nov 3 / 10 am – 11:30 am
Where: Collins & Katz Family YMCA 1466 S Westgate Av
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

WELLNESS (CONTINUED)

Strategies to Maintain Good Health
Jonas Aharoni, MD, UCLA internist, will discuss the importance of vaccinations to prevent diseases and what health screenings adults 50 and over should have to maintain good health.

When: Tuesday, Oct 23, 2:30 – 4 pm
Where: Belmont Village - Burbank 455 E Angeleno Ave
RSVP: 800-516-5323

Look Good Feel Better Class
This American Cancer Society program teaches participants how to use wigs and makeup to address the side effects of cancer treatments and regain confidence. For cancer patients only.

When: Monday, Nov 5 / 2 – 4 pm
Where: 1260 15th St, Santa Monica, Rm 802A
RSVP: 800-227-2345

Natural Approaches to Surviving Cold and Flu Season
Crystal Glassy, MD, UCLA internist, will discuss ways to optimize your health during cold and flu season and focus on looking beyond traditional medications to achieve and maintain wellness.

When: Monday, Dec 3 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Supplements: Facts & Myths
Timothy Chen, MD, UCLA family medicine physician, will discuss the facts and myths about supplements and how to make informed choices for better health.

When: Tuesday, Dec 18 / 1:30 – 2:30 pm
Where: Simi Valley Senior Ctr, 3900 Avenida Simi
RSVP: 805-583-6363

WOMEN’S HEALTH

Preventive Care for Women’s Health
Emanuela Bonfoco, MD, UCLA family medicine physician, will address health care issues and preventive measures for women.

When: Thursday, Dec 6 / Noon – 1:30 pm
Where: Collins & Katz Family YMCA 1466 S Westgate Av
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Understanding Primary Care: Why Every Woman Needs a PCP
Jeanette Liard, MD, UCLA internist, will discuss the role of the primary care physician and the importance of having regular visits.

When: Tuesday, Dec 11 / 6:30 – 8 pm
Where: Camarillo Health Care District 3639 E Las Posas Rd
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323
UCLA HEALTH 50 PLUS IS A FREE MEMBERSHIP PROGRAM that offers individuals age 50 and older access to educational lectures, exercise opportunities, information on community and health resources, a free community flu-shot clinic and other special events. Call 800-516-5323 or go to uclahealth.org/50plus to sign up.

UCLA Health 50 Plus is launching an e-newsletter that will include information on health topics, a doctor-written column on specific health issues, a calendar highlighting upcoming community events and more. It begins with U: What topics would you like to see in the newsletter? To provide suggestions or subscribe, email fiftyplus@mednet.ucla.edu

50 Stay Active and Independent for Life (SAIL)
Join the SAIL fitness and education program led by UCLA physical therapists, designed for healthy seniors. First-time participants must receive a physical therapy screening ahead of time.
When: Mondays & Thursdays / 10 – 11 am
Where: St. Monica Catholic Church, 725 California Av
Info & Enrollment: 424-259-7140 or visit UCLA Rehabilitation at 1131 Wilshire Blvd, Ste 200, between 8 am and 5 pm for a screening.
Cost: $40 per month (unlimited participation)

50 Fall Prevention
Learn about common risk factors for falls and strategies to prevent falls and stay safe and steady as you age.
When: Tuesday, Oct 9 / 3:30 – 5 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Vaccinations for Older Adults
Learn which vaccinations are recommended for older adults to prevent diseases and maintain good health and vitality.
When: Tuesday, Oct 23 / 2 – 3:30 pm
Where: Collins & Katz Family YMCA 1466 S Westgate Ave
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 How the Brain Heals After a Stroke or Injury
Pamela Nye, RN, MS, UCLA Stroke Program coordinator, will discuss what happens to the brain after injury or stroke, how the brain heals through neuroplastic repair and how to enhance the healing process.
When: Thursday, Oct 25 / 1:30 – 3 pm
Where: WISE & Healthy Aging 1527 4th St, Santa Monica
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Tech Help for U
UCLA undergraduate students offer free one-on-one coaching (30 to 45 minute sessions) to UCLA Health 50-Plus members about electronic devices. Bring your fully charged smartphone, tablet, laptop or e-reader to have your questions answered.
When: Saturdays, Oct 27 & Dec 1 / 9 am – Noon
Where: UCLA Medical Ctr, Santa Monica 1250 16th St, Conference Rm 3
RSVP: 800-516-5323

50 Wise and Fit
Gabriela Sauder, MD, UCLA geriatrician, will discuss the impact of physical activity, nutrition, sleep and neuro-enhancing strategies and tips for older adults to promote wisdom and fitness.
When: Monday, Nov 5 / 2 – 3:30 pm
Where: Sunrise of Westlake Village 3101 Townsgate Rd
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Exercise Recommendations for Adults
Philip Cohen, MD, UCLA internist and sports medicine physician, will review exercise recommendations, discuss the health benefits of exercise and ways to adapt these recommendations to fit your lifestyle.
When: Wednesday, Nov 28 / 1:30 – 3 pm
Where: Belmont Village 15451 Ventura Bl, Sherman Oaks
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Planning for End of Life
Learn about advance health care directives, palliative care and hospice care.
When: Tuesday, Dec 11 / 3:30 – 5 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: uclahealth.org/50PlusSeminar or 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 information, visit: uclahealth.org/uclamdchat
Sound Body Sound Mind

Sound Body Sound Mind is the largest community engagement program at UCLA Health, providing Los Angeles-area youth with resources designed to introduce healthy habits, invigorate excitement for exercise and encourage self-confidence.

For more information or to make a gift to support Sound Body Sound Mind, go to: uclahealth.org/soundbodysoundmind or contact us at 310-500-4285, sbsminfo@mednet.ucla.edu